A bill to be entitled An act relating to title insurance; amending s. 20.121, F.S.; creating the Division of Title Insurance in the Department of Financial Services; creating part I of ch. 637, F.S.; providing for administration of title insurance and general provisions; providing a short title; providing legislative findings, purposes, and intent; creating the Division of Title Insurance within the Department of Financial Services; providing powers and duties; providing for appointment of a division director; establishing the Bureau of Title Insurance Premium Rates and Forms and the Bureau of Title Insurance Licensing and Education within the division; providing definitions; preempting to the state the regulation of title insurance, title insurers, and title insurance agencies; providing for nonapplication of certain chapters; duplicating in ch. 637, F.S., certain provisions of chs. 624, 625, 626, and 628, F.S., relating to insurance and making such provisions applicable to title insurance, title insurers, title insurance agents, and title insurance agencies; creating s. 637.10335, F.S.; providing for civil remedies against title insurers; providing procedures, requirements, and limitations; providing for award of damages, court costs, and attorney fees; prohibiting punitive damages under certain circumstances; providing construction prohibitions; preserving certain remedies and causes of action; creating s. 637.10435, F.S.; providing a Policyholders Bill of Rights; specifying principles; providing a construction

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prohibition; creating s. 637.10445, F.S.; providing procedures, requirements, and limitations for documents claimed as trade secrets; creating part II of ch. 637, F.S.; providing for licensing and administration of title insurers; duplicating in ch. 637, F.S., and making applicable to title insurers certain provisions of ch. 624, F.S.; transferring to ch. 637, F.S., certain provisions of chs. 625 and 627, F.S., relating to title insurance; creating s. 637.20035, F.S.; providing for structure of title insurers; creating s. 637.20635, F.S.; prohibiting title insurers, title insurance agencies, and title insurance agents from rebating portions of premiums; transferring, renumbering, and amending s. 627.7865, F.S.; specifying requirements, procedures, and limitation for assessments against title insurers in liquidation; creating s. 637.2091, F.S.; specifying that title insurance business in exclusive; creating part III of ch. 637, F.S.; providing for licensure and administration of title insurance agents and agencies; duplicating in ch. 637, F.S., and making applicable to title insurance agents and agencies certain provisions of ch. 626, F.S.; transferring to ch. 637, F.S., certain provisions of ch. 626, F.S., relating to title insurance agents and agencies; creating s. 637.30125, F.S.; providing requirements for agents in charge; providing for authority, duties, and responsibilities of agents in charge; transferring regulation, administration, and enforcement of title insurers from the Office of Insurance

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Regulation and the Financial Services Commission to the Department of Financial Services and the Division of Title Insurance; deleting references to the office and commission to conform; amending ss. 624.5105 and 624.5107, F.S.; including references to applicable sections of ch. 637, F.S., under the community contribution tax credit program and the child care tax credit program; specifying rules of the Financial Services Commission and the Office of Insurance Regulation as rules of the department; transferring certain powers, duties, functions, records, personnel, property, and unexpended balances of appropriations, allocations, and other funds relating to title insurance to the department; preserving the validity of certain judicial and administrative actions relating to title insurance; providing for transfer of certain orders relating to title insurance to the department; requiring the Division of Statutory Revision to assist substantive legislative committees in developing conforming legislation; creating s. 689.263, F.S.; prohibiting title insurance agents or title insurance agencies from disbursing certain funds under certain circumstances; providing requirements for a statement of settlement costs; creating s. 717.1121, F.S.; providing construction of certain payments from escrow related to real estate transactions; amending s. 877.101, F.S.; providing an additional prohibition against transacting escrow business by unauthorized persons; revising cross-references for purposes of nonapplication to licensed title insurance

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agents; amending ss. 624.5015, 626.241, and 626.331, F.S.; deleting provisions relating to title insures; amending ss. 197.502, 624.501, 624.604, 624.605, 625.031, 626.207, 655.005, 701.041, and 721.05, F.S.; conforming a crossreference; repealing s. 624.608, F.S., relating to the definition of "title insurance"; repealing s. 626.841, F.S., relating to definitions of "title insurance agent" and "title insurance agency"; repealing s. 626.8411, F.S., relating to application of Florida Insurance Code provisions to title insurance agents or agencies; repealing s. 626.9531, F.S., relating to identification of insurers, agents, and insurance contracts; repealing s. 627.7711, F.S., relating to definitions; repealing s. 627.776, F.S., relating to applicability or inapplicability of Florida Insurance Code provisions to title insurers; providing an effective date. Be It Enacted by the Legislature of the State of Florida: Section 1. Paragraph (o) is added to subsection (2) of section 20.121, Florida Statutes, to read:

- 20.121 Department of Financial Services.—There is created a Department of Financial Services.
- (2) DIVISIONS.—The Department of Financial Services shall consist of the following divisions:
 - (o) The Division of Title Insurance.
- Section 2. <u>Part I of chapter 637, Florida Statutes,</u>

 112 consisting of sections 637.1001, 637.1002, 637.1003, 637.1004,

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     637.10045, 637.1005, 637.1006, 637.1007, 637.1008, 637.1009,
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     637.1011, 637.1012, 637.1013, 637.1014, 637.1015, 637.1016,
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     637.1017, 637.1018, 637.1019, 637.1021, 637.1022, 637.1023,
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     637.1024, 637.1025, 637.1026, 637.1027, 637.1028, 637.1029,
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     637.1031, 637.1032, 637.1033, 637.10335, 637.1034, 637.1035,
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     637.1036, 637.1037, 637.1038, 637.1039, 637.1041, 637.1042,
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     637.1043, 637.10435, 637.1044, 637.10445, 637.1045, 637.1046,
     637.1047, 637.1048, and 637.1049, is created and entitled
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     "ADMINISTRATION AND GENERAL PROVISIONS."
          Section 3. Sections 637.1001, 637.1002, 637.1003,
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     637.1004, 637.10045, 637.1005, 637.1006, 637.1007, 637.1008,
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     637.1009, 637.1011, 637.1012, 637.1013, 637.1014, 637.1015,
     637.1016, 637.1017, 637.1018, 637.1019, 637.1021, 637.1022,
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     637.1023, 637.1024, 637.1025, 637.1026, 637.1027, 637.1029,
     637.1031, 637.1032, 637.1033, 637.10335, 637.1034, 637.1035,
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     637.1036, 637.1037, 637.1038, 637.1039, 637.1041, 637.1042,
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     637.1043, 637.10435, 637.1044, 637.10445, 637.1045, 637.1046,
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     637.1047, 637.1048, and 637.1049, are created to read:
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          637.1001 Short title.—This chapter may be cited as the
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     "Florida Title Insurance Act."
133
          637.1002 Legislative findings; purpose; intent.-
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               The Legislature finds that a stable and efficient
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     title insurance delivery system is necessary to promote the
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     economic wellbeing of the citizens of this state. Title
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     insurance is essential to ensure homeowners and landowners of
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     the safety of real property transfers in the state. Lienholders
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     and investors require the security afforded their business
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     interests accorded by a financially stable and regulated title
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requires comprehensive state oversight, including regulation of title insurers, agents, and agencies. Accordingly, it is the intent of the Legislature to establish unitary regulation of the title insurance industry by the creation of a Division of Title Insurance within the Department of Financial Services. The division shall have comprehensive authority to regulate insurer and agent solvency, education, licensing, and discipline and to establish title insurance premium rates and forms.

- (2) The Legislature finds that title insurance is a unique form of insurance unlike any casualty-based insurance.

 Accordingly, a separate and distinct chapter of the Florida

 Statutes is deemed appropriate.
- industry is founded upon a unique structure that requires title agents and agencies to determine the insurability of titles, thereby placing the title insurance agent at the cornerstone of the delivery system. As such, the solvency and viability of title insurance agents is essential. Therefore, the Legislature deems it to be in the public interest to establish title insurance rates that are adequate and to also establish parameters for rebating portions of the title insurance premium.
- (4) The Legislature finds that the unique issues relating to title insurance premium rebates and negotiating the cost of related closing services require clarification for the protection of insurer solvency and consumer safety. The Legislature finds that any portion of premium paid by a title insurer to its agents is made for purposes of joint underwriting

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and the creation of each individual insurance contract and not for purposes of providing direct services to the consumer. The Legislature further finds that negotiating or rebating closing services fees should not be restricted, but that discounting premiums jeopardizes the solvency of insurers and the maintenance of an efficient delivery system for title insurance and impairs the protection of the consumer.

637.1003 Division of Title Insurance.

- (1) The Division of Title Insurance is created within the Department of Financial Services. The division shall exercise all powers and duties with respect to title insurance regulation, including those exercised by the Office of Insurance Regulation and the Division of Insurance Agents and Agency Services of the Department of Financial Services prior to October 1, 2010. The division director shall be appointed by the Chief Financial Officer and shall have experience, education, and expertise in the field of title insurance in this state. The director may also be known as the Florida Title Insurance Coordinator.
 - (2) The Division of Title Insurance shall consist of:
 - (a) The Bureau of Title Insurance Premium Rates and Forms.
 - (b) The Bureau of Title Insurance Licensing and Education.
- 191 637.1004 Definitions.—For purposes of this chapter, the term:
 - (1) "Appointment" means the authority given by an insurer to a licensee to transact insurance on behalf of an insurer.
- 195 (2) "Attorney" as used in this part means an individual
 196 duly admitted to and a member in good standing of The Florida

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- (3) "Agent in charge" of a title insurance agency means an attorney or a licensed and appointed title insurance agent who is responsible for escrow and policy issuance services of a title insurance agency location.
- (4) "Authorized" means provided authority pursuant to valid a certificate of authority issued by the department to transact insurance in this state.
- (5) "Closing services" means services performed by a licensed title insurer, title insurance agent or agency, or attorney agent in the agent's or agency's capacity as such, including, but not limited to, preparing documents necessary to close the transaction, conducting the closing, or handling the disbursing of funds related to the closing transaction in which a title insurance commitment or policy is to be issued.
- (6) "Commercially domiciled insurer" means every foreign or alien insurer that is authorized to do business in this state and that, during its 3 preceding fiscal years taken together, or during any lesser period of time if it has been licensed to transact its business in this state only for the lesser period of time, has written an average of 25 percent or more direct premiums in this state than it has written in its state of domicile during the same period, and the direct premiums written constitute more than 55 percent of its total direct premiums written everywhere in the United States during its 3 preceding fiscal years taken together, or during any lesser period of time if it has been authorized to transact its business in this state only for the lesser period of time, as reported in its most

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recent	aŗ	oplicable	annual	l or	quart	cerly	stat	tements,	shal	ll be
deemed	a	"commerci	ially o	domid	ciled	insuı	cer"	within	this	state.

- (7) "Consent" means authorized written agreement to supervision by the insurer.
- (8) "Department" means the Department of Financial

 Services. The term does not mean the Financial Services

 Commission or any office of the Financial Services Commission.
- (9) "Division" means the Division of Title Insurance of the department.
 - (10) "Domestic," "foreign," and "alien" mean:
- (a) A "domestic" insurer is one formed under the laws of this state.
- (b) A "foreign" insurer is one formed under the laws of any state, district, territory, or commonwealth of the United States other than this state.
- (c) An "alien" insurer is an insurer other than a domestic or foreign insurer.
 - (11) "Domicile," except as provided in s. 631.011, means:
- (a) As to Canadian insurers, Canada and the province under the laws of which the insurer was formed.
- (b) As to other alien insurers authorized to transact insurance in one or more states, the state designated by the insurer in writing filed with the department at the time of admission to this state or within 6 months after the effective date of this chapter, whichever date is the later, and may be any of the following states:
- 1. That in which the insurer was first authorized to transact insurance if the insurer is still so authorized.

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	2.	That	in w	hich	is	located	the	insurer'	S	principal	place
of	busine	ess ir	n the	Unit	ed	States.					

- 3. That in which is held the larger deposit of trusteed assets of the insurer for the protection of its policyholders and creditors in the United States.
- If the insurer makes no such designation, its domicile shall be deemed to be that state in which is located its principal place of business in the United States.
- (c) As to alien insurers not authorized to transact insurance in one or more states, the country under the laws of which the insurer was formed.
- (d) As to all other insurers, the state under the laws of which the insurer was formed.
 - (12) "Exceeded its powers" means the following conditions:
- (a) The insurer has refused to permit examination by the department of its books, papers, accounts, records, or business practices;
- (b) An insurer organized in this state has unlawfully removed from this state books, papers, accounts, or records necessary for an examination of the insurer by the department;
- (c) The insurer has failed to promptly comply with the applicable financial reporting statutes and division requests relating thereto;
- (d) The insurer has neglected or refused to observe an order of the department to correct a deficiency in its capital or surplus; or
- (e) The insurer has unlawfully or in violation of a department order:

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- 1. Totally reinsured its entire outstanding business; or
- 2. Merged or consolidated substantially its entire property or business with another insurer.
- (13) "License" means a document issued by the department authorizing a person to transact insurance.
- (14) (a) "Managing general agent" means any person managing all or part of the insurance business of an insurer, including the management of a separate division, department, or underwriting office, and acting as an agent for that insurer, whether known as a managing general agent, manager, or other similar term, who, with or without authority, separately or together with affiliates, produces, directly or indirectly, or underwrites an amount of gross direct written premium equal to or more than 5 percent of the policyholder surplus as reported in the last annual statement of the insurer in any single quarter or year and also does one or more of the following:
 - 1. Adjusts or pays claims.
 - 2. Negotiates reinsurance on behalf of the insurer.
- (b) The following persons shall not be considered managing general agents:
 - 1. An employee of the insurer.
- 2. A United States manager of the United States branch of an alien insurer.
- 3. An underwriting manager managing all the insurance operations of the insurer pursuant to a contract who is under the common control of the insurer subject to regulation and whose compensation is not based on the volume of premiums written.

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- 4. The attorney in fact authorized by and acting for the subscribers of a reciprocal insurer under powers of attorney.
- (15) "Person" means an individual, insurer, company, association, organization, Lloyds, society, reciprocal insurer or interinsurance exchange, partnership, syndicate, business trust, corporation, agent, general agent, broker, service representative, adjuster, and every legal entity.
- (16) "Premium" means the charge, as specified by rule of the department, that is made by a title insurer for a title insurance policy, including the charge for performance of primary title services by a title insurer or title insurance agent or agency, and incurring the risks incident to such policy, under the several classifications of title insurance contracts and forms, and upon which charge a premium tax is paid under s. 624.509. As used in this part or in any other law, with respect to title insurance, the word "premium" does not include a commission.
- insurability in accordance with sound underwriting practices
 based upon evaluation of a reasonable title search or a search
 of the records of a Uniform Commercial Code filing office and
 such other information as may be necessary, determination and
 clearance of underwriting objections and requirements to
 eliminate risk, preparation and issuance of a title insurance
 commitment setting forth the requirements to insure, and
 preparation and issuance of the policy. Such services do not
 include closing services or title searches, for which a separate
 charge or separate charges may be made.

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- (18) When used in context signifying a jurisdiction other than the State of Florida, "state" means any state, district, territory, or commonwealth of the United States.
 - (19) "Title insurance" means:
- (a) Insurance of owners of real property or others having an interest in real property or a contractual interest derived from real property, or liens or encumbrances on real property, against loss by encumbrance, or defective titles, or invalidity, or adverse claim to title; or
- (b) Insurance of owners and secured parties of the attachment, perfection, and priority of security interests in personal property under the Uniform Commercial Code.
- (20) "Title insurance agent" means a person appointed in writing by a title insurer to issue and countersign commitments or policies of title insurance on the title insurer's behalf.
- (21) "Title insurance agency" means an insurance agency as defined in s. 626.015 under which a title insurance agent or other employee determines insurability in accordance with underwriting rules and standards prescribed by the title insurer represented by the title insurance agency and issues and countersigns commitments, endorsements, or policies of title insurance on behalf of the appointing title insurer. The term does not include a title insurer.
- (22) "Title insurer" means any domestic company organized and authorized to do business under the provisions of this chapter, for the purpose of issuing title insurance, or any insurer organized under the laws of another state, the District of Columbia, or a foreign country and holding a certificate of

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BILL PCS HB 853 ORIGINAL YEAR 365 authority to transact business in this state, for the purpose of 366 issuing title insurance. 367 "Title search" means the compiling of title (23)368 information from official or public records. 369 (24) "Transact" means, with respect to insurance and in 370 addition to other applicable provisions of this chapter: 371 Solicitation or inducement. (a) 372 (b) Preliminary negotiations. 373 (c) Effectuation of a contract of insurance. Transaction of matters subsequent to effectuation of a 374 (d) 375 contract of insurance and arising out of it. 376 (25) "Unsound condition" means that the department has 377 determined that one or more of the following conditions exist 378 with respect to an insurer: 379 The insurer's required surplus, capital, or capital (a) 380 stock is impaired to an extent prohibited by law; 381 The insurer continues to write new business when it (b) 382 has not maintained the required surplus or capital stock; 383 The insurer attempts to dissolve or liquidate without (C) 384 first having made provisions, satisfactory to the department, 385 for liabilities arising from insurance policies issued by the 386 insurer; or 387 The insurer meets one or more of the grounds in s. 388 631.051 for the appointment of the department as receiver. 389 637.10045 Preemption to state. - The regulation of title insurance, title insurers, and title insurance agencies is 390 391 preempted to the state.

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637.1005 General applicability of other chapters.-

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- (1) The provisions of chapters 624, 626, and 627 do not apply to title insurers or their agents unless specifically incorporated by reference and made applicable to this chapter by a provision of this chapter.
- (2) The provisions of chapters 625, 628, and 631 apply to title insurance and for purposes of applying such provisions to title insurance, the term "office" shall be interpreted to mean department and the term "Director of the Division of Insurance Regulation" shall be interpreted to mean the "Florida Title Insurance Coordinator," "Director of the Division of Title Insurance," or "division director."
 - 637.1006 General powers; duties.—
- (1) The powers and duties of the Chief Financial Officer and the department specified in this chapter apply with respect to title insurers, title insurance agents, and title insurance agencies.
- (2) The department shall enforce the provisions of this chapter and shall execute the duties imposed upon the department by this chapter, as provided by law.
- (3) The department shall have the powers and authority expressly conferred upon it by, or reasonably implied from, the provisions of this chapter.
- (4) The department may conduct such investigations of insurance matters, in addition to investigations expressly authorized, as it may deem proper to determine whether any person has violated any provision of this chapter within its respective regulatory jurisdiction or to secure information useful in the lawful administration of any such provision. The

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cost of such investigations shall be borne by the state.

- (5) The department may collect, propose, publish, and disseminate information relating to the subject matter of any duties imposed upon it by law.
- (6) The department shall have such additional powers and duties as may be provided by other laws of this state.
- will employees and who shall serve at the pleasure of the Chief Financial Officer, in the case of department employees.

 Actuaries employed pursuant to this subsection shall be members of the Society of Actuaries or the Casualty Actuarial Society and shall be exempt from the Career Service System established under chapter 110. The salaries of the actuaries employed pursuant to this paragraph shall be set in accordance with s.

 216.251(2)(a)5. and shall be set at levels which are commensurate with salary levels paid to actuaries by the insurance industry.
- (8) The department shall, within existing resources, develop and implement an outreach program for the purpose of encouraging the entry of additional insurers into the Florida market.
- (9) Upon receiving service of legal process issued in any civil action or proceeding in this state against any regulated person required to appoint the Chief Financial Officer as its attorney to receive service of all legal process, the Chief Financial Officer, as attorney, may, in lieu of sending the process by registered or certified mail, send the process by any other verifiable means to the person last designated by the

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regulated	person	to	receive	the	process.
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- (10) This section does not limit the authority of the department and the Division of Insurance Fraud, as specified in s. 637.1046.
- (11) The division may enforce violations of the Real
 Estate Settlement Procedures Act, 12 U.S.C. ss. 2601 et seq.
 637.1007 Rules.—
- (1) The department may adopt rules pursuant to ss.

 120.536(1) and 120.54 to implement provisions of this chapter
 and interpret the specific powers and duties provided in this
 chapter, which rules may:
- (a) Define the license and appointment requirements for title insurance agents and agencies.
- (b) Establish penalty guidelines for enforcing the requirements of this chapter.
- (c) Describe the fiduciary responsibilities of title insurance agents and agencies, including, but not limited to, duties related to escrow accounts.
- (d) Identify the responsibilities, duties, and designations of the agent in charge of the title insurance agency or the attorney in charge of an attorney-owned title insurance agency.
- (e) Enable the collection of information from agents and agencies relating to title insurance business.
- (f) Set reasonable requirements for the timely recording of documents and the delivery of final title policies.
- 475 (g) Establish rules for the protection, calculation, and timely remittance of premiums that are owed to title insurers.

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- (h) Prohibit the markup of the cost of any third-party services without adding value.
- (2) In addition to any other penalty provided, willful violation of any such rule shall subject the violator to such suspension or revocation of certificate of authority or license as may be applicable under this chapter as for violation of the provision as to which such rule relates.

637.1008 General penalty.-

- (1) Each willful violation of this chapter or rule of the department as to which a greater penalty is not provided by another provision of this chapter or rule of the department or by other applicable laws of this state is a misdemeanor of the second degree and is, in addition to any prescribed applicable denial, suspension, or revocation of certificate of authority, license, or permit, punishable as provided in s. 775.082 or s. 775.083. Each instance of such violation shall be considered a separate offense.
- (2) Each willful violation of an emergency rule or order of the department by a person who is not licensed, authorized, or eligible to engage in business in accordance with this chapter is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. Each instance of such violation is a separate offense. This subsection does not apply to licensees or affiliated parties of licensees.
- 637.1009 Enforcement; cease and desist orders; removal of certain persons; fines.—
- (1) DEFINITIONS.—For the purposes of this section, the term:

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(a)	"A:	ffi	liate	ed party'	'' me	eans	any	pers	son	wł	no dire	cts	or	
participa	ates	in	the	conduct	of	the	affa	airs	of	а	licens	ee	and	who
is:														

- 1. A director, officer, employee, trustee, committee member, or controlling stockholder of a licensee or a subsidiary or service corporation of the licensee, other than a controlling stockholder which is a holding company, or an agent of a licensee or a subsidiary or service corporation of the licensee;
- 2. A person who has filed or is required to file a statement or any other information required to be filed under s. 628.461 or s. 628.4615;
- 3. A stockholder, other than a stockholder that is a holding company of the licensee, who participates in the conduct of the affairs of the licensee; or
 - 4. An independent contractor who:
- a. Renders a written opinion required by the laws of this state under her or his professional credentials on behalf of the licensee, which opinion is reasonably relied on by the department in the performance of its duties; or
- b. Affirmatively and knowingly conceals facts, through a written misrepresentation to the department, with knowledge that such misrepresentation:
- (I) Constitutes a violation of this chapter or a lawful rule or order of the department; and
- (II) Directly and materially endangers the ability of the licensee to meet its obligations to policyholders.

For the purposes of this subparagraph, any representation of

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fact made by an independent contractor on behalf of a licensee, affirmatively communicated as a representation of the licensee to the independent contractor, shall not be considered a misrepresentation by the independent contractor.

- (b) "Licensee" means a person issued a license or certificate of authority or approval under this chapter or a person registered under a provision of this chapter.
 - (2) ENFORCEMENT GENERALLY.-
- (a) The powers granted by this section to the department apply only with respect to licensees of the department and their affiliated parties and to unlicensed persons subject to regulatory jurisdiction of the department.
- (b) The department may institute such suits or other legal proceedings as may be required to enforce any provision of this chapter within the department's regulatory jurisdiction. If it appears that any person has violated any provision of this chapter for which criminal prosecution is provided, the department shall provide the appropriate state attorney or other prosecuting agency having jurisdiction with respect to such prosecution with the relevant information in its possession.
 - (3) CEASE AND DESIST ORDERS.-
- (a) The department may issue and serve a complaint stating charges upon any licensee or upon any affiliated party, whenever the department has reasonable cause to believe that the person or individual named therein is engaging in or has engaged in conduct that is:
- 1. An act that demonstrates a lack of fitness or trustworthiness to engage in the business of insurance, is

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hazardous to the insurance buying public, or constitutes
business operations that are a detriment to policyholders,
stockholders, investors, creditors, or the public;

- 2. A violation of any provision of this chapter;
- 3. A violation of any rule of the department;
- 4. A violation of any order of the department; or
- 5. A breach of any written agreement with the department.
- (b) The complaint shall contain a statement of facts and notice of opportunity for a hearing pursuant to ss. 120.569 and 120.57.
- (c) If no hearing is requested within the time allowed by ss. 120.569 and 120.57, or if a hearing is held and the department finds that any of the charges are proven, the department may enter an order directing the licensee or the affiliated party named in the complaint to cease and desist from engaging in the conduct complained of and take corrective action to remedy the effects of past improper conduct and assure future compliance.
- (d) If the licensee or affiliated party named in the order fails to respond to the complaint within the time allotted by ss. 120.569 and 120.57, the failure constitutes a default and justifies the entry of a cease and desist order.
- (e) A contested or default cease and desist order is effective when reduced to writing and served upon the licensee or affiliated party named therein. An uncontested cease and desist order is effective as agreed.
- (f) Whenever the department finds that conduct described in paragraph (a) is likely to cause insolvency, substantial

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dissipation or misvaluation of assets or earnings of the licensee, substantial inability to pay claims on a timely basis, or substantial prejudice to prospective or existing insureds, policyholders, subscribers, or the public, it may issue an emergency cease and desist order requiring the licensee or any affiliated party to immediately cease and desist from engaging in the conduct complained of and to take corrective and remedial action. The emergency order is effective immediately upon service of a copy of the order upon the licensee or affiliated party named therein and remains effective for 90 days. If the department begins nonemergency cease and desist proceedings under this subsection, the emergency order remains effective until the conclusion of the proceedings under ss. 120.569 and 120.57.

- (4) REMOVAL OF AFFILIATED PARTIES.—
- (a) The department may issue and serve a complaint stating charges upon any affiliated party and upon the licensee involved, whenever the department has reason to believe that an affiliated party is engaging in or has engaged in conduct that constitutes:
- 1. An act that demonstrates a lack of fitness or trustworthiness to engage in the business of insurance through engaging in illegal activity or mismanagement of business activities;
- 2. A willful violation of any law relating to the business of insurance; however, if the violation constitutes a misdemeanor, no complaint shall be served as provided in this section until the affiliated party is notified in writing of the

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- 3. A violation of any other law involving fraud or moral turpitude that constitutes a felony;
 - 4. A willful violation of any rule of the department;
 - 5. A willful violation of any order of the department;
- 6. A material misrepresentation of fact, made knowingly and willfully or made with reckless disregard for the truth of the matter; or
- 7. An act of commission or omission or a practice which is a breach of trust or a breach of fiduciary duty.
- (b) The complaint shall contain a statement of facts and notice of opportunity for a hearing pursuant to ss. 120.569 and 120.57.
- (c) If no hearing is requested within the time allotted by ss. 120.569 and 120.57, or if a hearing is held and the department finds that any of the charges in the complaint are proven true and that:
- 1. The licensee has suffered or will likely suffer loss or other damage;
- 2. The interests of the policyholders, creditors, or public are, or could be, seriously prejudiced by reason of the violation or act or breach of fiduciary duty;
- 3. The affiliated party has received financial gain by reason of the violation, act, or breach of fiduciary duty; or
- 4. The violation, act, or breach of fiduciary duty is one involving personal dishonesty on the part of the affiliated

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party or the conduct jeopardizes or could reasonably be anticipated to jeopardize the financial soundness of the licensee,

- The department may enter an order removing the affiliated party or restricting or prohibiting participation by the person in the affairs of that particular licensee or of any other licensee.
- (d) If the affiliated party fails to respond to the complaint within the time allotted by ss. 120.569 and 120.57, the failure constitutes a default and justifies the entry of an order of removal, suspension, or restriction.
- (e) A contested or default order of removal, restriction, or prohibition is effective when reduced to writing and served on the licensee and the affiliated party. An uncontested order of removal, restriction, or prohibition is effective as agreed.
- (f)1. The chief executive officer, or the person holding the equivalent office, of a licensee shall promptly notify the department that issued the license if she or he has actual knowledge that any affiliated party is charged with a felony in a state or federal court.
- 2. Whenever any affiliated party is charged with a felony in a state or federal court or with the equivalent of a felony in the courts of any foreign country with which the United States maintains diplomatic relations, and the charge alleges violation of any law involving fraud, theft, or moral turpitude, the department may enter an emergency order suspending the affiliated party or restricting or prohibiting participation by the affiliated party in the affairs of the particular licensee

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or of any other licensee upon service of the order upon the licensee and the affiliated party charged. The order shall contain notice of opportunity for a hearing pursuant to ss. 120.569 and 120.57, where the affiliated party may request a postsuspension hearing to show that continued service to or participation in the affairs of the licensee does not pose a threat to the interests of the licensee's policyholders or creditors and does not threaten to impair public confidence in the licensee. In accordance with applicable rules, the department shall notify the affiliated party whether the order suspending or prohibiting the person from participation in the affairs of a licensee will be rescinded or otherwise modified. The emergency order remains in effect, unless otherwise modified by the department, until the criminal charge is disposed of. The acquittal of the person charged, or the final, unappealed dismissal of all charges against the person, dissolves the emergency order, but does not prohibit the department from instituting proceedings under paragraph (a). If the person charged is convicted or pleads guilty or nolo contendere, whether or not an adjudication of guilt is entered by the court, the emergency order shall become final.

(g) Any affiliated party removed from office pursuant to this section is not eligible for reelection or appointment to the position or to any other official position in any licensee in this state except upon the written consent of the department.

Any affiliated party who is removed, restricted, or prohibited from participation in the affairs of a licensee pursuant to this section may petition the department for modification or

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termination of the removal, restriction, or prohibition.

- (h) Resignation or termination of an affiliated party does not affect the department's jurisdiction to proceed under this subsection.
 - (5) ADMINISTRATIVE FINES; ENFORCEMENT.—
- (a) The department, in a proceeding initiated pursuant to chapter 120, may impose an administrative fine against any person found in the proceeding to have violated any provision of this chapter, a cease and desist order of the department, or any written agreement with the department. A proceeding may not be initiated and a fine may not accrue until after the person has been notified in writing of the nature of the violation and has been afforded a reasonable period of time, as set forth in the notice, to correct the violation and has failed to do so.
- (b) A fine imposed under this subsection may not exceed the amounts specified in s. 637.2021, per violation.
- (c) In addition to the imposition of an administrative fine under this subsection, the department may also suspend or revoke the license or certificate of authority of the licensee fined under this subsection.
- (d) Any administrative fine levied by the department under this subsection may be enforced by the department by appropriate proceedings in the circuit court of the county in which the person resides or in which the principal office of a licensee is located, or, in the case of a foreign insurer or person not residing in this state, in Leon County. In any administrative or judicial proceeding arising under this section, a party may elect to correct the violation asserted by the department, and,

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upon doing so, any fine shall cease to accrue; however, the election to correct the violation does not render any administrative or judicial proceeding moot. All fines collected under this section shall be paid to the Title Insurance Regulatory Trust Fund.

- (e) In imposing any administrative penalty or remedy provided for under this section, the department shall take into account the appropriateness of the penalty with respect to the size of the financial resources and the good faith of the person charged, the gravity of the violation, the history of previous violations, and other matters as justice may require.
- (f) The imposition of an administrative fine under this subsection may be in addition to any other penalty or administrative fine authorized under this chapter.
- (6) ADMINISTRATIVE PROCEDURES.—All administrative proceedings under subsections (3), (4), and (5) shall be conducted in accordance with chapter 120. Any service required or authorized to be made by the department under this chapter shall be made by certified mail, return receipt requested, delivered to the addressee only; by personal delivery; or in accordance with chapter 48. The service provided for herein shall be effective from the date of delivery.
- affiliated party who is removed or prohibited from participation in the affairs of a licensee pursuant to this section, or for any licensee whose rights or privileges under such license have been suspended or revoked pursuant to this chapter, to knowingly act as an affiliated party as defined in this section or to

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knowingly transact insurance until expressly authorized to do so by the department. Such authorization by the department may not be provided unless the affiliated party or the licensee has made restitution, if applicable, to all parties damaged by the actions of the affiliated party or the licensee which served as the basis for the removal or prohibition of the affiliated party or the suspension or revocation of the rights and privileges of the licensee. Any person who violates the provisions of this subsection commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083 or s. 775.084.

department with information about condition of insurer.—A person, other than a person filing a required report or other required information, who provides the department with information about the financial condition of an insurer is immune from civil liability arising out of the provision of the information was false or with reckless disregard for the truth or falsity of the information.

- 637.1012 Records; reproductions; destruction.—
- (1) Except as provided in this section, the department shall each preserve in permanent form records of its proceedings, hearings, investigations, and examinations and shall file such records in its department.
- (2) The department may photograph, microphotograph, or reproduce on film, or maintain in an electronic recordkeeping system, all financial records, financial statements of domestic insurers, reports of business transacted in this state by

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foreign insurers and alien insurers, reports of examination of domestic insurers, and such other records and documents on file in the department as the department may in its discretion select.

- (3) To facilitate the efficient use of floor space and filing equipment in its offices, the department may destroy the following records and documents pursuant to chapter 257:
 - (a) General closed correspondence files over 3 years old.
- (b) Title insurance and similar license files, over 2 years old; except that the department shall preserve by reproduction or otherwise a copy of the original records upon the basis of which each such licensee qualified for her or his initial license, except a competency examination, and of any disciplinary proceeding affecting the licensee.
- (c) All title insurance agent and similar license files and records, including original license qualification records and records of disciplinary proceedings 5 years after a licensee has ceased to be qualified for a license.
- (d) Insurer certificate of authority files over 2 years old, except that the department shall preserve by reproduction or otherwise a copy of the initial certificate of authority of each insurer.
- (e) All documents and records which have been photographed or otherwise reproduced as provided in subsection (2), if such reproductions have been filed and an audit of the department has been completed for the period embracing the dates of such documents and records.
 - (f) All other records, documents, and files not expressly

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provided for in paragraphs (a)-(e).

 $\underline{637.1013}$ Reproductions and certified copies of records as $\underline{\text{evidence.-}}$

- (1) Photographs or microphotographs in the form of film or prints, or other reproductions from an electronic recordkeeping system, of documents and records made under s. 637.1012(2), or made under former s. 624.311(3) before October 1, 1982, shall have the same force and effect as the originals thereof and shall be treated as originals for the purpose of their admissibility in evidence. Duly certified or authenticated reproductions of such photographs, microphotographs, or other reproductions from an electronic recordkeeping system shall be as admissible in evidence as the originals.
- (2) Upon the request of any person and payment of the applicable fee, the department shall give a certified copy of any record in its department which is then subject to public inspection.
- (3) Copies of original records or documents in its department certified by the department shall be received in evidence in all courts as if they were originals.

637.1014 Publications.—

- (1) As early as reasonably possible, the department shall annually have printed and made available a statistical report which must include all of the following information on either a calendar year or fiscal year basis:
- (a) The total amount of premiums written and earned for title insurance.
 - (b) The total amount of losses paid and losses incurred

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- (c) The ratio of premiums written to losses paid by title insurance.
- (d) The ratio of premiums earned to losses incurred by title insurance.
- (e) The market share of the 10 largest insurers or insurer groups of title insurance and of each insurer or insurer group that has a market share of at least 1 percent of a line of insurance in this state.
 - (f) The profitability of title insurance.
- (g) An analysis of the impact of the insurance industry on the economy of the state.
- (h) A complaint ratio by line of insurance for the insurers referred to in paragraph (e), based upon information provided to the department by the department. The department shall determine the most appropriate ratio or ratios for quantifying complaints.
- (i) A summary of the findings of market examinations performed by the department under s. 637.1018 during the preceding year.
- $\underline{\mbox{(j)}}$ Such other information as the department deems relevant.
- (2) The department may prepare and have printed and published in pamphlet or book form, as needed, questions and answers for the use of persons applying for an examination for licensing as title insurance agents.
- (3) The department shall sell the publications mentioned in subsections (1) and (2) to purchasers at a price fixed by the

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department at not less than the cost of printing and binding such publications, plus packaging and postage costs for mailing; except that the department may deliver copies of such publications free of cost to state agencies and officers; insurance supervisory authorities of other states and jurisdictions; institutions of higher learning located in Florida; the Library of Congress; insurance officers of Naval, Military, and Air Force bases located in this state; and to persons serving as advisers to the department in preparation of the publications.

- (4) The department may contract with outside vendors, in accordance with chapter 287, to compile data in an electronic data processing format that is compatible with the systems of the department.
- department shall deposit all moneys received from the sale of publications under s. 637.1014 in the Title Insurance Regulatory Trust Fund for the purpose of paying costs for the preparation, printing, and delivery of the publications required in s. 637.1014(2), packaging and mailing costs, and banking, accounting, and incidental expenses connected with the sale and delivery of such publications. All moneys deposited into and all funds transferred to the Title Insurance Regulatory Trust Fund are appropriated for such uses and purposes.
 - 637.1016 Department; annual report.-
- (1) As early as reasonably possible, the department shall annually prepare a report to the Speaker and Minority Leader of the House of Representatives, the President and Minority Leader

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of the Senate, the chairs of the legislative committees with jurisdiction over matters of insurance, and the Governor showing, with respect to the preceding calendar year:

- (a) Names of the authorized insurers transacting insurance in this state, with abstracts of their financial statements including assets, liabilities, and net worth.
- (b) Names of insurers whose business was closed during the year, the cause thereof, and amounts of assets and liabilities as ascertainable.
- (c) Names of insurers against which delinquency or similar proceedings were instituted, and a concise statement of the circumstances and results of each such proceeding.
- (d) The receipts and estimated expenses of the department for the year.
- (e) Such other pertinent information and matters as the department deems to be in the public interest.
- (f) Annually after each regular session of the Legislature, a compilation of the laws of this state relating to insurance. Any such publication may be printed, revised, or reprinted upon the basis of the original low bid.
- (g) An analysis and summary report of the state of the insurance industry in this state evaluated as of the end of the most recent calendar year.
- (2) The department shall maintain the following information and make such information available upon request:
- (a) Calendar year profitability, including investment income from loss reserves (Florida and countrywide).
 - (b) Aggregate Florida loss reserves.

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- (d) Premiums earned (Florida and countrywide).
- (e) Incurred losses (Florida and countrywide).
- (f) Paid losses (Florida and countrywide).
- (g) Allocated Florida loss adjustment expenses.
- (h) Variation of premiums charged by the industry as compared to rates promulgated by the Insurance Services Office (Florida and countrywide).
- (i) An analysis of policy size limits (Florida and countrywide).
- (j) Trends; emerging trends as exemplified by the percentage change in frequency and severity of both paid and incurred claims, and pure premium (Florida and countrywide).
- (3) The department may contract with outside vendors, in accordance with chapter 287, to compile data in an electronic data processing format that is compatible with the systems of the department.
 - 637.1017 Examination of insurers.-
- (1) (a) The department shall examine the affairs, transactions, accounts, records, and assets of each authorized insurer as to its transactions affecting the insurer as often as it deems advisable, except as provided in this section. The examination may include examination of the affairs, transactions, accounts, and records relating directly or indirectly to the insurer and of the assets of the insurer's managing general agents and controlling or controlled person, as defined in s. 625.012. The examination shall be pursuant to a written order of the department. Such order shall expire upon

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receipt by the department of the written report of the examination.

- (b) The department shall examine each insurer according to accounting procedures designed to fulfill the requirements of generally accepted insurance accounting principles and practices and good internal control and in keeping with generally accepted accounting forms, accounts, records, methods, and practices relating to insurers. To facilitate uniformity in examinations, the department may adopt, by rule, the Market Conduct Examiners Handbook and the Financial Condition Examiners Handbook of the National Association of Insurance Commissioners, 2002, and may adopt subsequent amendments thereto, if the examination methodology remains substantially consistent.
- (2) (a) Except as provided in paragraph (f), the department may examine each insurer as often as may be warranted for the protection of the policyholders and in the public interest, and shall examine each domestic insurer not less frequently than once every 5 years. The examination shall cover the preceding 5 fiscal years of the insurer and shall be commenced within 12 months after the end of the most recent fiscal year being covered by the examination. The examination may cover any period of the insurer's operations since the last previous examination. The examination may include examination of events subsequent to the end of the most recent fiscal year and the events of any prior period that affect the present financial condition of the insurer.
- (b) The department shall examine each insurer applying for an initial certificate of authority to transact insurance in

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this state before granting the initial certificate.

- (c) In lieu of making its own examination, the department may accept a full report of the last recent examination of a foreign insurer, certified to by the insurance supervisory official of another state.
- (d) The examination by the department of an alien insurer shall be limited to the alien insurer's insurance transactions and affairs in the United States, except as otherwise required by the department.
- (e) The department shall adopt rules providing that an examination under this section may be conducted by independent certified public accountants, actuaries, investment specialists, information technology specialists, and reinsurance specialists meeting criteria specified by rule. The rules shall provide:
- 1. That the rates charged to the insurer being examined are consistent with rates charged by other firms in a similar profession and are comparable with the rates charged for comparable examinations.
- 2. That the firm selected by the department to perform the examination has no conflicts of interest that might affect its ability to independently perform its responsibilities on the examination.
- 3. That the insurer being examined must make payment for the examination pursuant to s. 637.1023(1) in accordance with the rates and terms established by the department and the firm performing the examination.
- (f) An examination under this section must be conducted at least once every year with respect to a domestic insurer that

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has continuously held a certificate of authority for less than 3 years. The examination must cover the preceding fiscal year or the period since the last examination of the insurer. The department may limit the scope of the examination.

637.1018 Market conduct examinations.-

- (1) As often as it deems necessary, the department shall examine each licensed rating organization, each advisory organization, each group, association, carrier, as defined in s. 440.02, or other organization of insurers which engages in joint underwriting or joint reinsurance, and each authorized insurer transacting in this state any class of insurance to which the provisions of this chapter are applicable. The examination shall be for the purpose of ascertaining compliance by the person examined with the applicable provisions of this chapter.
- (2) In lieu of any such examination, the department may accept the report of a similar examination made by the insurance supervisory official of another state.
- (3) The examination may be conducted by an independent professional examiner under contract to the department, in which case payment shall be made directly to the contracted examiner by the insurer examined in accordance with the rates and terms agreed to by the department and the examiner.
- (4) The reasonable cost of the examination shall be paid by the person examined, and such person shall be subject, as though an insurer, to the provisions of s. 637.1023.
- (5) Such examinations shall also be subject to the applicable provisions of chapter 440 and ss. 637.1021, 637.1022, 637.1024, and 637.1025.

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637.1019 Investigation of title insurance agents and others.—If the department has reason to believe that any title insurance agent has violated or is violating any provision of this chapter, or upon the written complaint signed by any interested person indicating that any such violation may exist:

- (1) The department shall conduct such investigation as it deems necessary of the accounts, records, documents, and transactions pertaining to or affecting the insurance affairs of any title insurance agent, title insurance agency, or other person subject to its jurisdiction.
- (2) The department shall conduct such investigation as it deems necessary of the accounts, records, documents, and transactions pertaining to or affecting the insurance affairs of any:
 - (a) Person subject to its jurisdiction.
- (b) Person having a contract or power of attorney under which she or he enjoys in fact the exclusive or dominant right to manage or control an insurer.
- (c) Person engaged in or proposing to be engaged in the promotion or formation of:
 - 1. A domestic insurer;
 - 2. An insurance holding corporation; or
- 3. A corporation to finance a domestic insurer or in the production of the domestic insurer's business.
- (3) In the investigation by the department of the alleged misconduct, the licensee shall, whenever required by the department, cause his or her books and records to be open for inspection for the purpose of such inquiries.

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- (4) A complaint against any licensee may be informally alleged and need not be in any language necessary to charge a crime on an indictment or information.
- (5) The expense for any hearings or investigations under this section, as well as the fees and mileage of witnesses, may be paid out of the appropriate fund.
- delieve that a licensee may have been found guilty of or pleaded guilty or nolo contendere to a felony or a crime related to the business of insurance in this or any other state or jurisdiction, the department or office may require the licensee to file with the department or office a complete set of his or her fingerprints, which shall be accompanied by the fingerprint processing fee set forth in s. 637.2031. The fingerprints shall be taken by an authorized law enforcement agency or other department-approved entity.
- 637.1021 Conduct of examination or investigation; access to records; correction of accounts; appraisals.—
- (1) The examination or investigation may be conducted by the accredited examiners or investigators of the department at the offices wherever located of the person being examined or investigated and at such other places as may be required for determination of matters under examination or investigation. In the case of alien insurers, the examination may be so conducted in the insurer's offices and places in the United States, except as otherwise required by the department.
- (2) Every person being examined or investigated, and its officers, attorneys, employees, agents, and representatives,

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shall make freely available to the department or its examiners or investigators the accounts, records, documents, files, information, assets, and matters in their possession or control relating to the subject of the examination or investigation. An agent who provides other products or services or maintains customer information not related to insurance must maintain records relating to insurance products and transactions separately if necessary to give the department access to such records. If records relating to the insurance transactions are maintained by an agent on premises owned or operated by a third party, the agent and the third party must provide access to the records by the department.

- (3) If the department finds any accounts or records to be inadequate, or inadequately kept or posted, it may employ experts to reconstruct, rewrite, post, or balance them at the expense of the person being examined if such person has failed to maintain, complete, or correct such records or accounting after the department has given her or him notice and a reasonable opportunity to do so.
- asset involved in such an examination of an insurer, it may make written request of the insurer to designate one or more competent appraisers acceptable to the department, who shall promptly make an appraisal of the asset and furnish a copy thereof to the department. If the insurer fails to designate such an appraiser or appraisers within 20 days after the request of the department, the department may designate the appraiser or appraisers. The reasonable expense of any such appraisal shall

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- be a part of the expense of examination, to be borne by the insurer.
- (5) Neither the department nor any examiner shall remove any record, account, document, file, or other property of the person being examined from the offices of such person except with the written consent of such person given in advance of such removal or pursuant to an order of court duly obtained.
- (6) Any individual who willfully obstructs the department or the examiner in the examinations or investigations authorized by this part is guilty of a misdemeanor and upon conviction shall be punished as provided in s. 624.15.
- (7) The department or its examiners or investigators may electronically scan accounts, records, documents, files, and information, relating to the subject of the examination or investigation, in the possession or control of the person being examined or investigated.
 - 637.1022 Examination and investigation reports.-
- (1) The department or its examiner shall make a full and true written report of each examination. The examination report shall contain only information obtained from examination of the records, accounts, files, and documents of or relative to the insurer examined or from testimony of individuals under oath, together with relevant conclusions and recommendations of the examiner based thereon. The department shall furnish a copy of the examination report to the insurer examined not less than 30 days prior to filing the examination report in its office. If such insurer so requests in writing within such 30-day period, the department shall grant a hearing with respect to the

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examination report and shall not so file the examination report until after the hearing and after such modifications have been made therein as the department deems proper.

- admissible in evidence in any action or proceeding brought by the department against the person examined, or against its officers, employees, or agents. In all other proceedings, the admissibility of the examination report is governed by the evidence code. The department or its examiners may at any time testify and offer other proper evidence as to information secured or matters discovered during the course of an examination, whether or not a written report of the examination has been either made, furnished, or filed with the department.
- (3) After the examination report has been filed pursuant to subsection (1), the department may publish the results of any such examination in one or more newspapers published in this state whenever it deems it to be in the public interest.
- (4) After the examination report of an insurer has been filed pursuant to subsection (1), an affidavit shall be filed with the department, not more than 30 days after the report has been filed, on a form furnished by the department and signed by the officer of the company in charge of the insurer's business in this state, stating that she or he has read the report and that the recommendations made in the report will be considered within a reasonable time.
 - 637.1023 Examination expenses.—
- 1175 (1) Each insurer so examined shall pay to the department
 1176 the expenses of the examination at the rates adopted by the

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department. Such expenses shall include actual travel expenses, reasonable living expense allowance, compensation of the examiner or other person making the examination, and necessary attendant administrative costs of the department directly related to the examination. Such travel expense and living expense allowance shall be limited to those expenses necessarily incurred on account of the examination and shall be paid by the examined insurer together with compensation upon presentation by the department to such insurer of a detailed account of such charges and expenses after a detailed statement has been filed by the examiner and approved by the department.

- (2) All moneys collected from insurers for examinations shall be deposited into the Title Insurance Regulatory Trust Fund, and the department may make deposits from time to time into such fund from moneys appropriated for the operation of the department.
- (3) Notwithstanding the provisions of s. 112.061, the department may pay to the examiner or person making the examination out of such trust fund the actual travel expenses, reasonable living expense allowance, and compensation in accordance with the statement filed with the department by the examiner or other person, as provided in subsection (1) upon approval by the department.
- (4) When not examining an insurer, the travel expenses, per diem, and compensation for the examiners and other persons employed to make examinations, if approved, shall be paid out of moneys budgeted for such purpose as regular employees, reimbursements for such travel expenses and per diem to be at

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rates no more than as provided in s. 112.061.

- (5) The department may pay to regular insurance examiners, not residents of Leon County, Florida, per diem for periods not exceeding 30 days for each such examiner while at the Department of Financial Services in Tallahassee, Florida, for the purpose of auditing insurers' annual statements. Such expenses shall be paid out of moneys budgeted for such purpose, as for regular employees at rates provided in s. 112.061.
- (6) The provisions of this section shall apply to rate analysts and rate examiners in the discharge of their duties under s. 637.1018.
 - 637.1024 Witnesses and evidence.-
- (1) As to any examination, investigation, or hearing being conducted under this chapter, a person designated by the department:
- (a) May administer oaths, examine and cross-examine witnesses, receive oral and documentary evidence.
- (b) May subpoena witnesses, compel their attendance and testimony, and require by subpoena the production of books, papers, records, files, correspondence, documents, or other evidence which is relevant to the inquiry.
- (2) If any person refuses to comply with any such subpoena or to testify as to any matter concerning which she or he may be lawfully interrogated, the Circuit Court of Leon County or of the county wherein such examination, investigation, or hearing is being conducted, or of the county wherein such person resides, may, on the application of the department, issue an order requiring such person to comply with the subpoena and to

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(3) Subpoenas shall be served, and proof of such service made, in the same manner as if issued by a circuit court.

Witness fees, cost, and reasonable travel expenses, if claimed, shall be allowed the same as for testimony in a circuit court.

637.1025 Testimony compelled; immunity from prosecution.—

If any natural person asks to be excused from attending or testifying or from producing any books, papers, records, contracts, documents, or other evidence in connection with any examination, hearing, or investigation being conducted by the department or its examiner, on the ground that the testimony or evidence required of her or him may tend to incriminate the person or subject her or him to a penalty or forfeiture, and shall notwithstanding be directed to give such testimony or produce such evidence, the person must, if so directed by the department and the Department of Legal Affairs, nonetheless comply with such direction; but she or he shall not thereafter be prosecuted or subjected to any penalty or forfeiture for or on account of any transaction, matter, or thing concerning which she or he may have so testified or produced evidence; and no testimony so given or evidence produced shall be received against the person upon any criminal action, investigation, or proceeding. However, no such person so testifying shall be exempt from prosecution or punishment for any perjury committed by her or him in such testimony, and the testimony or evidence so given or produced shall be admissible against her or him upon any criminal action, investigation, or proceeding concerning such perjury. No license or permit

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conferred or to be conferred to such person shall be refused, suspended, or revoked based upon the use of such testimony.

- (2) Any such individual may execute, acknowledge, and file with the department, as appropriate, a statement expressly waiving such immunity or privilege in respect to any transaction, matter, or thing specified in such statement; and thereupon the testimony of such individual or such evidence in relation to such transaction, matter, or thing may be received or produced before any judge or justice, court, tribunal, grand jury, or otherwise; and, if so received or produced, such individual shall not be entitled to any immunity or privileges on account of any testimony she or he may so give or evidence so produced.
- 637.1026 Hearings.—The department may hold hearings for any purpose within the scope of this chapter deemed to be necessary.
- 637.1027 Authority of Department of Law Enforcement to accept fingerprints of, and exchange criminal history records with respect to, certain persons.—
- (1) The Department of Law Enforcement may accept fingerprints of organizers, incorporators, subscribers, officers, stockholders, directors, or any other persons involved, directly or indirectly, in the organization, operation, or management of:
- (a) Any insurer or proposed insurer transacting or proposing to transact insurance in this state.
- 1287 (b) Any other entity which is examined or investigated or 1288 which is eligible to be examined or investigated under the

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provisions of this chapter.

- fingerprints of individuals who apply for a license as a title insurance agent, service representative, or managing general agent or the fingerprints of the majority owner, sole proprietor, partners, officers, and directors of a corporation or other legal entity that applies for licensure with the department under the provisions of this chapter.
- (3) The Department of Law Enforcement may, to the extent provided for by federal law, exchange state, multistate, and federal criminal history records with the department for the purpose of the issuance, denial, suspension, or revocation of a certificate of authority, certification, or license to operate in this state.
- (4) The Department of Law Enforcement may accept fingerprints of any other person required by statute or rule to submit fingerprints to the department or any applicant or licensee regulated by the department who is required to demonstrate that he or she has not been convicted of or pled guilty or nolo contendere to a felony or a misdemeanor.
- (5) The Department of Law Enforcement shall, upon receipt of fingerprints from the department, submit the fingerprints to the Federal Bureau of Investigation to check federal criminal history records.
- (6) Statewide criminal records obtained through the

 Department of Law Enforcement, federal criminal records obtained
 through the Federal Bureau of Investigation, and local criminal
 records obtained through local law enforcement agencies shall be

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1317 used by the department for the purpose of issuance, denial, 1318 suspension, or revocation of certificates of authority, certifications, or licenses issued to operate in this state. 1319 1320 637.1029 Declaration of purpose.—The purpose of ss. 1321 637.1029-637.1049 is to regulate trade practices relating to the 1322 business of title insurance in accordance with the intent of 1323 Congress as expressed in the Act of Congress of March 9, 1945 (Pub. L. No. 15, 79th Congress), by defining, or providing for 1324 the determination of, all such practices in this state which 1325 constitute unfair methods of competition or unfair or deceptive 1326 1327 acts or practices and by prohibiting the trade practices so 1328 defined or determined. 1329 637.1031 Definitions.—When used in ss. 637.1029-637.1049, the term "insurance policy" or "insurance contract" means a 1330 written contract of, or a written agreement for or effecting, 1331 1332 insurance, or the certificate thereof, by whatever name called, 1333 and includes all clauses, riders, endorsements, and papers which 1334 are a part thereof. 1335 637.1032 Unfair methods of competition and unfair or deceptive acts or practices prohibited; penalties.-1336 1337 A person may not engage in this state in any trade 1338 practice which is defined in ss. 637.1029-637.1049 as, or 1339 determined pursuant to s. 637.1029 or s. 637.1035 to be, an 1340 unfair method of competition or an unfair or deceptive act or 1341 practice involving the business of insurance. 1342 (2) Any person who violates any provision of ss. 637.1029-1343 637.1049 shall be subject to a fine in an amount not greater

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than \$2,500 for each nonwillful violation and not greater than

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- \$20,000 for each willful violation. Fines under this subsection may not exceed an aggregate amount of \$10,000 for all nonwillful violations arising out of the same action or an aggregate amount of \$100,000 for all willful violations arising out of the same action. The fines authorized by this subsection may be imposed in addition to any other applicable penalty.
- 637.1033 Unfair methods of competition and unfair or deceptive acts or practices defined.—The following are defined as unfair methods of competition and unfair or deceptive acts or practices:
- (1) Misrepresentations and false advertising of insurance policies.—Knowingly making, issuing, circulating, or causing to be made, issued, or circulated, any estimate, illustration, circular, statement, sales presentation, omission, or comparison which:
- (a) Misrepresents the benefits, advantages, conditions, or terms of any insurance policy.
- (b) Uses any name or title of any insurance policy or class of insurance policies misrepresenting the true nature thereof.
- (c) Is a misrepresentation for the purpose of inducing, or tending to induce, the lapse, forfeiture, exchange, conversion, or surrender of any insurance policy.
- 1368 (2) False information and advertising generally.—Knowingly
 1369 making, publishing, disseminating, circulating, or placing
 1370 before the public, or causing, directly or indirectly, to be
 1371 made, published, disseminated, circulated, or placed before the
 1372 public:

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1373	(a) In a newspaper, magazine, or other publication,							
1374	(b) In the form of a notice, circular, pamphlet, letter,							
1375	or poster,							
1376	(c) Over any radio or television station, or							
1377	(d) In any other way,							
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1379	an advertisement, announcement, or statement containing any							
1380	assertion, representation, or statement with respect to the							
1381	business of insurance, which is untrue, deceptive, or							
1382	misleading.							
1383	(3) Defamation.—Knowingly making, publishing,							
1384	disseminating, or circulating, directly or indirectly, or							
1385	aiding, abetting, or encouraging the making, publishing,							
1386	disseminating, or circulating of, any oral or written statement,							
1387	or any pamphlet, circular, article, or literature, which is							
1388	false or maliciously critical of, or derogatory to, any person							
1389	and which is calculated to injure such person.							
1390	(4) Boycott, coercion, and intimidation.—Entering into any							
1391	agreement to commit, or by any concerted action committing, any							
1392	act of boycott, coercion, or intimidation resulting in, or							
1393	tending to result in, unreasonable restraint of, or monopoly in,							
1394	the business of insurance.							
1395	(5) False statements and entries.—							
1396	(a) Knowingly:							
1397	1. Filing with any supervisory or other public official,							
1398	2. Making, publishing, disseminating, circulating,							
1399	3. Delivering to any person,							
1400	4. Placing before the public,							

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5. Causing, directly or indirectly, to be made, published, disseminated, circulated, delivered to any person, or placed before the public,

- any false material statement.
- (b) Knowingly making any false entry of a material fact in any book, report, or statement of any person, or knowingly omitting to make a true entry of any material fact pertaining to the business of such person in any book, report, or statement of such person.
 - (6) Unlawful rebates.-
 - (a) Except as otherwise expressly provided by law, or in an applicable filing with the department, knowingly:
 - 1. Permitting, or offering to make, or making, any contract or agreement as to such contract other than as plainly expressed in the insurance contract issued thereon; or
 - 2. Paying, allowing, or giving, or offering to pay, allow, or give, directly or indirectly, as inducement to such insurance contract, any unlawful rebate of premiums payable on the contract, any special favor or advantage in the dividends or other benefits thereon, or any valuable consideration or inducement whatever not specified in the contract.
 - (b) 1. A title insurer, or any member, employee, attorney, agent, or agency thereof, may not pay, allow, or give, or offer to pay, allow, or give, directly or indirectly, as inducement to title insurance, or after such insurance has been effected, any rebate or abatement of the premium or any other charge or fee, or provide any special favor or advantage, or any monetary

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consideration or inducement whatever.

- 2. Nothing in this paragraph shall be construed as prohibiting the payment of fees to attorneys at law duly licensed to practice law in the courts of this state, for professional services, or as prohibiting the payment of earned portions of the premium to duly appointed agents or agencies who actually perform services for the title insurer. Nothing in this paragraph shall be construed as prohibiting a rebate or abatement of an attorney's fee charged for professional services or any other closing charge or fee to the person responsible for paying the closing charge or fee.
- 3. An insured named in a policy, or any other person directly or indirectly connected with the transaction involving the issuance of such policy, including, but not limited to, any mortgage broker, real estate licensee, builder, or attorney, any employee, agent, agency, or representative thereof, or any other person whatsoever, may not knowingly receive or accept, directly or indirectly, any rebate or abatement of any portion of the title insurance premium or of any other charge or fee or any monetary consideration or inducement whatsoever, except as set forth in subparagraph 2. In no event shall any portion of the attorney's fee, any closing charge or fee, or any other monetary consideration or inducement be paid directly or indirectly for the referral of title insurance business.
 - (7) Unfair claim settlement practices.-
- (a) Attempting to settle claims on the basis of any material document which was altered without notice to, or knowledge or consent of, the insured;

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(b) A material misrepresentation made to an insured or any
other person having an interest in the proceeds payable under
such contract or policy, for the purpose and with the intent of
effecting settlement of such claims, loss, or damage under such
contract or policy on less favorable terms than those provided
in, and contemplated by, such contract or policy; or

- (c) Committing or performing with such frequency as to indicate a general business practice any of the following:
- 1. Failing to adopt and implement standards for the proper investigation of claims;
- 2. Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue;
- 3. Failing to acknowledge and act promptly upon communications with respect to claims;
- 4. Denying claims without conducting reasonable investigations based upon available information;
- 5. Failing to affirm or deny full or partial coverage of claims, and, as to partial coverage, the dollar amount or extent of coverage, or failing to provide a written statement that the claim is being investigated, upon the written request of the insured within 30 days after proof-of-loss statements have been completed;
- 6. Failing to promptly provide a reasonable explanation in writing to the insured of the basis in the insurance policy, in relation to the facts or applicable law, for denial of a claim or for the offer of a compromise settlement;
- 7. Failing to promptly notify the insured of any additional information necessary for the processing of a claim;

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1485 <u>or</u>

- 8. Failing to clearly explain the nature of the requested information and the reasons why such information is necessary.
- (8) Failure to maintain complaint-handling procedures.—
 Failure of any person to maintain a complete record of all the complaints received since the date of the last examination. For purposes of this subsection, the term "complaint" means any written communication primarily expressing a grievance.
- (9) Misrepresentation in insurance applications.—Knowingly making a false or fraudulent written or oral statement or representation on, or relative to, an application or negotiation for an insurance policy for the purpose of obtaining a fee, commission, money, or other benefit from any insurer, agent, broker, or individual.
- (10) Advertising gifts permitted.—No provision of subsection (6) or subsection (7) shall be deemed to prohibit a licensed insurer or its agent from giving to insureds, prospective insureds, and others, for the purpose of advertising, any article of merchandise having a value of not more than \$25.
- (11) Illegal dealings in premiums; excess or reduced charges for insurance.—
- (a) Knowingly collecting any sum as a premium or charge for insurance, which is not then provided, or is not in due course to be provided, subject to acceptance of the risk by the insurer, by an insurance policy issued by an insurer as permitted by this chapter.
 - (b) Knowingly collecting as a premium or charge for

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insurance any sum in excess of or less than the premium or charge applicable to such insurance, in accordance with the applicable classifications and rates as filed with and approved by the department, and as specified in the policy; or, in cases when classifications, premiums, or rates are not required by this chapter to be so filed and approved, premiums and charges collected from a resident of this state in excess of or less than those specified in the policy and as fixed by the insurer.

- (12) Interlocking ownership and management.-
- (a) Any domestic insurer may retain, invest in, or acquire the whole or any part of the capital stock of any other insurer or insurers, or have a common management with any other insurer or insurers, unless such retention, investment, acquisition, or common management is inconsistent with any other provision of this chapter, or unless by reason thereof the business of such insurers with the public is conducted in a manner which substantially lessens competition generally in the insurance business.
- (b) Any person otherwise qualified may be a director of two or more domestic insurers which are competitors, unless the effect thereof is substantially to lessen competition between insurers generally or materially tend to create a monopoly.
- (c) Any limitation contained in this subsection does not apply to any person who is a director of two or more insurers under common control or management.
- (13) Soliciting or accepting new or renewal insurance risks by insolvent or impaired insurer prohibited; penalty.—
 - (a) Whether or not delinquency proceedings as to the

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insurer have been or are to be initiated, but while such
insolvency or impairment exists, a director or officer of an
insurer, except with the written permission of the department,
may not authorize or permit the insurer to solicit or accept new
or renewal insurance risks in this state after such director or
officer knew, or reasonably should have known, that the insurer
was insolvent or impaired. The term "impaired" includes
impairment of capital or surplus, as defined in s. 631.011(12)
and (13).

- (b) Any such director or officer, upon conviction of a violation of this subsection, is guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (14) Refusal to insure.—In addition to other provisions of this chapter, the refusal to insure, or continue to insure, any individual or risk solely because of:
- (a) Race, color, creed, marital status, sex, or national
 origin;
- (b) The residence, age, or lawful occupation of the individual or the location of the risk, unless there is a reasonable relationship between the residence, age, or lawful occupation of the individual or the location of the risk and the coverage issued or to be issued; or
- (c) The insured's or applicant's failure to agree to place collateral business with any insurer.
 - (15) Sliding.—Sliding is the act or practice of:
- 1567 (a) Representing to the applicant that a specific
 1568 ancillary coverage or product is required by law in conjunction

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with the purchase of insurance when such coverage or product is not required;

- (b) Representing to the applicant that a specific ancillary coverage or product is included in the policy applied for without an additional charge when such charge is required; or
- (c) Charging an applicant for a specific ancillary coverage or product, in addition to the cost of the insurance coverage applied for, without the informed consent of the applicant.
 - 637.10335 Civil remedies against title insurers.-
- 1580 (1) (a) Any person may bring a civil action against a title
 1581 insurer when such person is damaged:
 - 1. By a violation by the insurer of s. 637.1033(7), (11), or (14); or
 - 2. By the commission of any of the following acts by the insurer:
 - a. Not attempting in good faith to settle claims when, under all the circumstances, it could and should have done so had it acted fairly and honestly toward its insured and with due regard for her or his interests;
 - b. Making claims payments to insureds or beneficiaries not accompanied by a statement setting forth the coverage under which payments are being made; or
 - c. Except as to liability coverages, failing to promptly settle claims, when the obligation to settle a claim has become reasonably clear, under one portion of the insurance policy coverage in order to influence settlements under other portions

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of	the	insurance	policy	coverage.
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- (b) Notwithstanding paragraph (a), a person pursuing a remedy under this section need not prove that such act was committed or performed with such frequency as to indicate a general business practice.
- (2) Any party may bring a civil action against an unauthorized insurer if such party is damaged by a violation of s. 637.1033 by the unauthorized insurer.
- (3) (a) As a condition precedent to bringing an action under this section, the department and the authorized insurer must have been given 60 days' written notice of the violation. If the department returns a notice for lack of specificity, the 60-day time period shall not begin until a proper notice is filed.
- (b) The notice shall be on a form provided by the department and shall state with specificity the following information, and such other information as the department may require:
- 1. The statutory provision, including the specific
 language of the statute, which the authorized insurer allegedly
 violated.
- 2. The facts and circumstances giving rise to the violation.
 - 3. The name of any individual involved in the violation.
- 4. A reference to specific policy language that is relevant to the violation, if any. If the person bringing the civil action is a third-party claimant, she or he shall not be required to reference the specific policy language if the

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authorized insurer has not provided a copy of the policy to the third-party claimant pursuant to written request.

- 5. A statement that the notice is given in order to perfect the right to pursue the civil remedy authorized by this section.
- (c) Within 20 days after receipt of the notice, the department may return any notice that does not provide the specific information required by this section, and the department shall indicate the specific deficiencies contained in the notice. A determination by the department to return a notice for lack of specificity shall be exempt from the requirements of chapter 120.
- (d) An action may not lie if, within 60 days after filing notice, the damages are paid or the circumstances giving rise to the violation are corrected.
- (e) The authorized insurer that is the recipient of a notice filed pursuant to this section shall report to the department on the disposition of the alleged violation.
- (f) The applicable statute of limitations for an action under this section shall be tolled for a period of 65 days by the mailing of the notice required by this subsection or the mailing of a subsequent notice required by this subsection.
- (4) Upon adverse adjudication at trial or upon appeal, the authorized insurer shall be liable for damages, together with court costs and reasonable attorney's fees incurred by the plaintiff.
- (5) (a) Punitive damages may not be awarded under this section unless the acts giving rise to the violation occur with

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such frequency as to indicate a general business practice and
these acts are:

- 1. Willful, wanton, and malicious; or
- 2. In reckless disregard for the rights of any insured.
- (b) Any person who pursues a claim under this subsection shall post in advance the costs of discovery. Such costs shall be awarded to the authorized insurer if no punitive damages are awarded to the plaintiff.
- preempt any other remedy or cause of action provided pursuant to any other statute or pursuant to the common law of this state. Any person may obtain a judgment under the common-law remedy of bad faith or the remedy provided under this section but is not entitled to a judgment under both remedies. This section shall not be construed to create a common-law cause of action. The damages recoverable pursuant to this section shall include those damages that are a reasonably foreseeable result of a specified violation of this section by the authorized insurer and may include an award or judgment in an amount that exceeds the policy limits.
- 637.1034 Favored title insurance agent or title insurer; coercion of debtors.—
 - (1) A person may not:
- (a) Require, as a condition precedent or condition subsequent to the lending of money or extension of credit or any renewal thereof, that the person to whom such money or credit is extended, or whose obligation the creditor is to acquire or finance, negotiate any policy or contract of insurance through a

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particular insurer or group of insurers or agent or broker or group of agents or brokers.

- Reject an insurance policy solely because the policy (b) has been issued or underwritten by any person who is not associated with a financial institution, or with any subsidiary or affiliate thereof, when such insurance is required in connection with a loan or extension of credit; or unreasonably disapprove the insurance policy provided by a borrower for the protection of the property securing the credit or lien. For purposes of this paragraph, such disapproval shall be deemed unreasonable if it is not based solely on reasonable standards, uniformly applied, relating to the extent of coverage required by such lender or person extending credit and the financial soundness and the services of an insurer. Such standards shall not discriminate against any particular type of insurer, nor shall such standards call for the disapproval of an insurance policy because such policy contains coverage in addition to that required.
- (c) Require, directly or indirectly, that any borrower, mortgagor, purchaser, insurer, broker, or agent pay a separate charge in connection with the handling of any insurance policy that is required in connection with a loan or other extension of credit or the provision of another traditional banking product, or pay a separate charge to substitute the insurance policy of one insurer for that of another, unless such charge would be required if the person were providing the insurance. This paragraph does not include the interest which may be charged on premium loans or premium advances in accordance with the

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security instrument.

- (d) Use or provide to others insurance information required to be disclosed by a customer to a financial institution, or a subsidiary or affiliate thereof, in connection with the extension of credit for the purpose of soliciting the sale of insurance, unless the customer has given express written consent or has been given the opportunity to object to such use of the information. Insurance information means information concerning premiums, terms, and conditions of insurance coverage, insurance claims, and insurance history provided by the customer. The opportunity to object to the use of insurance information must be in writing and must be clearly and conspicuously made.
- (2) (a) Any person offering the sale of insurance at the time of and in connection with an extension of credit or the sale or lease of goods or services shall disclose in writing that the choice of an insurance provider will not affect the decision regarding the extension of credit or sale or lease of goods or services, except that reasonable requirements may be imposed pursuant to subsection (1).
- (b) Federally insured or state-insured depository institutions and credit unions shall make clear and conspicuous disclosure in writing prior to the sale of any insurance policy that such policy is not a deposit, is not insured by the Federal Deposit Insurance Corporation or any other entity, is not guaranteed by the insured depository institution or any person soliciting the purchase of or selling the policy; that the financial institution is not obligated to provide benefits under

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the insurance contract; and, where appropriate, that the policy involves investment risk, including potential loss of principal.

- (c) All documents constituting policies of insurance shall be separate and shall not be combined with or be a part of other documents. A person may not include the expense of insurance premiums in a primary credit transaction without the express written consent of the customer.
- involved in the application, solicitation, or closing of a loan transaction may not solicit or sell insurance in connection with the same loan, but such loan officer may refer the loan customer to another insurance agent who is not involved in the application, solicitation, or closing of the same loan transaction. This paragraph does not apply to an agent located on premises having only a single person with lending authority, or to a broker or dealer registered under the Federal Securities Exchange Act of 1934 in connection with a margin loan secured by securities.
- (3) A person may not make an extension of credit or the sale of any product or service that is the equivalent to an extension of credit or lease or sale of property of any kind, or furnish any services or fix or vary the consideration for any of the foregoing, on the condition or requirement that the customer obtain insurance from that person, or a subsidiary or affiliate of that person, or a particular insurer, agent, or broker; however, this subsection does not prohibit any person from engaging in any activity that if done by a financial institution would not violate s. 106 of the Bank Holding Company Act

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Amendments of 1970, 12 U.S.C. s. 1972, as interpreted by the Board of Governors of the Federal Reserve System.

- (4) The department may investigate the affairs of any person to whom this section applies to determine whether such person has violated this section. If a violation of this section is found to have been committed knowingly, the person in violation shall be subject to the same procedures and penalties as provided in ss. 637.1036, 637.1037, 637.1038 and 637.1039.
- and investigate the affairs of every person involved in the business of insurance in this state in order to determine whether such person has been or is engaged in any unfair method of competition or in any unfair or deceptive act or practice prohibited by s. 637.1032, and shall each have the powers and duties specified in ss. 637.1036-637.1039 in connection therewith.
- 637.1036 Defined practices; hearings, witnesses, appearances, production of books and service of process.—
- (1) Whenever the department has reason to believe that any person has engaged, or is engaging, in this state in any unfair method of competition or any unfair or deceptive act or practice as defined in s. 637.1033 or s. 637.1034 or is engaging in the business of insurance without being properly licensed as required by this chapter and that a proceeding by it in respect thereto would be to the interest of the public, it shall conduct or cause to have conducted a hearing in accordance with chapter 120.
 - (2) The department, a duly empowered hearing officer, or

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an administrative law judge shall, during the conduct of such hearing, have those powers enumerated in s. 120.569; however, the penalties for failure to comply with a subpoena or with an order directing discovery shall be limited to a fine not to exceed \$1,000 per violation.

(3) Statements of charges, notices, and orders under this act may be served by anyone duly authorized by the department, in the manner provided by law for service of process in civil actions or by certifying and mailing a copy thereof to the person affected by such statement, notice, order, or other process at his or her or its residence or principal office or place of business. The verified return by the person so serving such statement, notice, order, or other process, setting forth the manner of the service, shall be proof of the same, and the return postcard receipt for such statement, notice, order, or other process, certified and mailed as aforesaid, shall be proof of service of the same.

637.1037 Cease and desist and penalty orders.—After the hearing provided in s. 637.1036, the department shall enter a final order in accordance with s. 120.569. If it is determined that the person charged has engaged in an unfair or deceptive act or practice or the unlawful transaction of insurance, the department shall also issue an order requiring the violator to cease and desist from engaging in such method of competition, act, or practice or the unlawful transaction of insurance.

Further, if the act or practice is a violation of s. 637.1033 or s. 637.1034, the department may, at its discretion, order any one or more of the following:

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- (1) Suspension or revocation of the person's certificate of authority, license, or eligibility for any certificate of authority or license, if he or she knew, or reasonably should have known, he or she was in violation of this chapter.
- (2) Such other relief as may be provided in this chapter.
 637.1038 Appeals from the department.—Any person subject
 to an order of the department under s. 637.1037 or s. 637.1039
 may obtain a review of such order by filing an appeal therefrom
 in accordance with the provisions and procedures for appeal from
 the orders of the department in general under s. 120.68.
- orders.—Any person who violates a cease and desist order of the department under s. 637.1037 while such order is in effect, after notice and hearing as provided in s. 637.1036, shall be subject, at the discretion of the department, to any one or more of the following:
- (1) A monetary penalty of not more than \$50,000 as to all matters determined in such hearing.
- (2) Suspension or revocation of such person's certificate of authority, license, or eligibility to hold such certificate of authority or license.
 - (3) Such other relief as may be provided in this chapter. 637.1041 Rules.—
- (1) The department may, in accordance with chapter 120, adopt reasonable rules as are necessary or proper to identify specific methods of competition or acts or practices which are prohibited by s. 637.1033 or s. 637.1034, but the rules shall not enlarge upon or extend the provisions of ss. 637.1033 and

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- (2) The department shall, in accordance with chapter 120, adopt rules to protect members of the United States Armed Forces from dishonest or predatory insurance sales practices by insurers and insurance agents. The rules shall identify specific false, misleading, deceptive, or unfair methods of competition, acts, or practices which are prohibited by s. 637.1033 or s. 637.1034. The rules shall be based upon model rules or model laws adopted by the National Association of Insurance Commissioners which identify certain insurance practices involving the solicitation or sale of insurance and annuities to members of the United States Armed Forces which are false, misleading, deceptive, or unfair.
- 637.1042 Provisions of chapter additional to existing law.—The powers vested in the department by this chapter shall be additional to any other powers to enforce any penalties, fines, or forfeitures authorized by law.
- 637.1043 Civil liability.—The provisions of this chapter are cumulative to rights under the general civil and common law, and no action of the department, shall abrogate such rights to damages or other relief in any court.
 - 637.10435 Policyholders Bill of Rights.-
- (1) The principles expressed in the following statements shall serve as standards to be followed by the department in exercising its powers and duties, in exercising administrative discretion, in dispensing administrative interpretations of the law, and in adopting rules:
 - (a) Policyholders have the right to competitive pricing

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practice	s and	marketi	.ng me	thods	that	enable	them	to	determine
the best	value	e among	compa	rable	polic	cies.			

- (b) Policyholders have the right to obtain comprehensive coverage.
- (c) Policyholders have the right to insurance advertising and other selling approaches that provide accurate and balanced information on the benefits and limitations of a policy.
- (d) Policyholders have a right to an insurance company that is financially stable.
- (e) Policyholders have the right to be serviced by a competent, honest insurance agent or broker.
 - (f) Policyholders have the right to a readable policy.
- (g) Policyholders have the right to an insurance company that provides an economic delivery of coverage and that tries to prevent losses.
- (h) Policyholders have the right to a balanced and positive regulation by the department.
- (2) This section shall not be construed as creating a civil cause of action by any individual policyholder against any individual insurer.
- consistent with other provisions of this chapter to govern the use of a consumer's nonpublic personal financial and health information. These rules must be based on, consistent with, and not more restrictive than the Privacy of Consumer Financial and Health Information Regulation, adopted September 26, 2000, by the National Association of Insurance Commissioners. In addition, these rules must be consistent with, and not more

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restrictive than, the standards contained in Title V of the Gramm-Leach-Bliley Act of 1999, Pub. L. No. 106-102.

- 637.10445 Trade secret documents.-
- (1) If any person who is required to submit documents or other information to the department pursuant to this chapter or by rule or order of the department claims that such submission contains a trade secret, such person may file with the department a notice of trade secret as provided in this section. Failure to do so constitutes a waiver of any claim by such person that the document or information is a trade secret.
- (a) Each page of such document or specific portion of a document claimed to be a trade secret must be clearly marked "trade secret."
- (b) All material marked as a trade secret must be separated from all non-trade secret material and be submitted in a separate envelope clearly marked "trade secret."
- (c) In submitting a notice of trade secret to the department, the submitting party must include an affidavit certifying under oath to the truth of the following statements concerning all documents or information that are claimed to be trade secrets:
- 1. [I consider/My company considers] this information a trade secret that has value and provides an advantage or an opportunity to obtain an advantage over those who do not know or use it.
- 2. [I have/My company has] taken measures to prevent the disclosure of the information to anyone other than those who have been selected to have access for limited purposes, and [I

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intend/my company intends] to continue to take such measures.

- 3. The information is not, and has not been, reasonably obtainable without [my/our] consent by other persons by use of legitimate means.
 - 4. The information is not publicly available elsewhere.
- (d) Any data submitted by a title insurance agent or title insurer pursuant to s. 637.1014 is presumed to be a trade secret under this section whether or not so designated.
- a document or information that is marked and certified as a trade secret, the department shall promptly notify the person that certified the document as a trade secret. The notice shall inform such person that he or she or his or her company has 30 days after receipt of such notice to file an action in circuit court seeking a determination whether the document in question contains trade secrets and an order barring public disclosure of the document. If that person or company files an action within 30 days after receipt of notice of the public records request, the department may not release the documents pending the outcome of the legal action. The failure to file an action within 30 days constitutes a waiver of any claim of confidentiality, and the department shall release the document as requested.
- (3) The department may disclose a trade secret, together with the claim that it is a trade secret, to an officer or employee of another governmental agency whose use of the trade secret is within the scope of his or her employment.
- 637.1045 Financial institutions conducting title insurance transactions.—A financial institution, as defined in s.

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655.005(1)(g), (h), or (p), may conduct title insurance transactions only through Florida-licensed title insurance agents representing Florida-authorized title insurers.

637.1046 Investigation by department or Division of
Insurance Fraud; compliance; immunity; confidential information;
reports to division; division investigator's power of arrest.—

- "fraudulent insurance act" if the person knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by a title insurer or any title insurance agent, any written statement as part of, or in support of, an application for the issuance of, or the rating of, any insurance policy, or a claim for payment or other benefit pursuant to any insurance policy, which the person knows to contain materially false information concerning any fact material thereto or if the person conceals, for the purpose of misleading another, information concerning any fact material thereto.
- (2) If, by its own inquiries or as a result of complaints, the department or its Division of Insurance Fraud has reason to believe that a person has engaged in, or is engaging in, a fraudulent insurance act, an act or practice that violates s. 637.1033 or s. 817.234, or an act or practice punishable under s. 637.1008, it may administer oaths and affirmations, request the attendance of witnesses or proffering of matter, and collect evidence. The department shall not compel the attendance of any person or matter in any such investigation except pursuant to subsection (4).

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- (3) If matter that the department or its division seeks to obtain by request is located outside the state, the person so requested may make it available to the division or its representative to examine the matter at the place where it is located. The division may designate representatives, including officials of the state in which the matter is located, to inspect the matter on its behalf, and it may respond to similar requests from officials of other states.
- (4) (a) The department or the division may request that an individual who refuses to comply with any such request be ordered by the circuit court to provide the testimony or matter. The court shall not order such compliance unless the department or the division has demonstrated to the satisfaction of the court that the testimony of the witness or the matter under request has a direct bearing on the department of a fraudulent insurance act, on a violation of s. 637.1033 or s. 817.234, or on an act or practice punishable under s. 637.1008 or is pertinent and necessary to further such investigation.
- (b) Except in a prosecution for perjury, an individual who complies with a court order to provide testimony or matter after asserting a privilege against self-incrimination to which the individual is entitled by law may not be subjected to a criminal proceeding or to a civil penalty with respect to the act concerning which the individual is required to testify or produce relevant matter.
- (c) In the absence of fraud or bad faith, a person is not subject to civil liability for libel, slander, or any other relevant tort by virtue of filing reports, without malice, or

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furnishing other information, without malice, required by this section or required by the department or division under the authority granted in this section, and no civil cause of action of any nature shall arise against such person:

- 1. For any information relating to suspected fraudulent insurance acts or persons suspected of engaging in such acts furnished to or received from law enforcement officials, their agents, or employees;
- 2. For any information relating to suspected fraudulent insurance acts or persons suspected of engaging in such acts furnished to or received from other persons subject to the provisions of this chapter;
- 3. For any such information furnished in reports to the department, the division, the National Insurance Crime Bureau, the National Association of Insurance Commissioners, or any local, state, or federal enforcement officials or their agents or employees; or
- 4. For other actions taken in cooperation with any of the agencies or individuals specified in this paragraph in the lawful investigation of suspected fraudulent insurance acts.
- (d) In addition to the immunity granted in paragraph (c), persons identified as designated employees or service providers to insurers whose responsibilities include the investigation and disposition of claims relating to suspected fraudulent insurance acts may share information relating to persons suspected of committing fraudulent insurance acts with other designated employees employed by the same or other insurers or third-party service providers designated by insurers whose responsibilities

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include the investigation and disposition of claims relating to fraudulent insurance acts, provided the department has been given written notice of the names and job titles of such designated employees and service providers prior to such designated employees and service providers sharing information.

Unless the designated employees or service providers of the insurer act in bad faith or in reckless disregard for the rights of any insured, the insurer or its designated employees and service providers are not civilly liable for libel, slander, or any other relevant tort, and a civil action does not arise against the insurer or its designated employees and service providers:

- 1. For any information related to suspected fraudulent insurance acts provided to an insurer; or
- 2. For any information relating to suspected fraudulent insurance acts provided to the National Insurance Crime Bureau or the National Association of Insurance Commissioners.

However, the qualified immunity against civil liability conferred on any insurer or its designated employees and service providers shall be forfeited with respect to the exchange or publication of any defamatory information with third persons not expressly authorized by this paragraph to share in such information.

(e) The Chief Financial Officer and any employee or agent of the department, when acting without malice and in the absence of fraud or bad faith, is not subject to civil liability for libel, slander, or any other relevant tort, and no civil cause

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of action of any nature exists against such person by virtue of the execution of official activities or duties of the department under this section or by virtue of the publication of any report or bulletin related to the official activities or duties of the department under this section.

- (f) This section does not abrogate or modify in any way any common-law or statutory privilege or immunity heretofore enjoyed by any person.
- (5) Any person, other than an insurer, agent, or other person licensed under this chapter, or an employee thereof, having knowledge or who believes that a fraudulent insurance act or any other act or practice which, upon conviction, constitutes a felony or a misdemeanor under this chapter, or under s. 817.234, is being or has been committed may send to the Division of Insurance Fraud a report or information pertinent to such knowledge or belief and such additional information relative thereto as the department may request. Any professional practitioner licensed or regulated by the Department of Business and Professional Regulation, except as otherwise provided by law, any medical review committee as defined in s. 766.101, any title insurer, title insurance agent, or other person licensed under this chapter, or an employee thereof, having knowledge or who believes that a fraudulent insurance act or any other act or practice which, upon conviction, constitutes a felony or a misdemeanor under this chapter, or under s. 817.234, is being or has been committed shall send to the Division of Insurance Fraud a report or information pertinent to such knowledge or belief and such additional information relative thereto as the

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department may require. The Division of Insurance Fraud shall review such information or reports and select such information or reports as, in its judgment, may require further investigation. It shall then cause an independent examination of the facts surrounding such information or report to be made to determine the extent, if any, to which a fraudulent insurance act or any other act or practice which, upon conviction, constitutes a felony or a misdemeanor under this chapter, or under s. 817.234, is being committed. The Division of Insurance Fraud shall report any alleged violations of law which its investigations disclose to the appropriate licensing agency and state attorney or other prosecuting agency having jurisdiction with respect to any such violation, as provided in s. 637.302. If prosecution by the state attorney or other prosecuting agency having jurisdiction with respect to such violation is not begun within 60 days of the division's report, the state attorney or other prosecuting agency having jurisdiction with respect to such violation shall inform the division of the reasons for the lack of prosecution.

(6) Division investigators may make arrests for criminal violations established as a result of investigations. Such investigators shall also be considered state law enforcement officers for all purposes and may execute arrest warrants and search warrants; serve subpoenas issued for the examination, investigation, and trial of all offenses; and arrest upon probable cause without warrant any person found in the act of violating any of the provisions of applicable laws.

Investigators empowered to make arrests under this section shall

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be empowered to bear arms in the performance of their duties. I
such a situation, the investigator must be certified in
compliance with the provisions of s. 943.1395 or must meet the
temporary employment or appointment exemption requirements of s
943.131 until certified.

- (7) It is unlawful for any person to resist an arrest authorized by this section or in any manner to interfere, either by abetting or assisting such resistance or otherwise interfering, with division investigators in the duties imposed upon them by law or department rule.
- 637.1047 Insurer anti-fraud investigative units; reporting requirements; penalties for noncompliance.—
- (1) (a) Every insurer admitted to do business in this state who in the previous calendar year, at any time during that year, had \$10 million or more in direct premiums written shall:
- 1. Establish and maintain a unit or division within the company to investigate possible fraudulent claims by insureds; or
- 2. Contract with others to investigate possible fraudulent claims by insureds.
- (b) An insurer subject to this subsection shall file with the Division of Insurance Fraud of the department on or before July 1, 1996, a detailed description of the unit or division established pursuant to subparagraph (a)1. or a copy of the contract specified by subparagraph (a)2.
- (2) Every insurer admitted to do business in this state, which in the previous calendar year had less than \$10 million in direct premiums written, must adopt an anti-fraud plan and file

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it with the Division of Insurance Fraud of the department on or before July 1, 1996. An insurer may, in lieu of adopting and filing an anti-fraud plan, comply with the provisions of subsection (1).

- (3) Each insurers anti-fraud plans shall include:
- (a) A description of the insurer's procedures for detecting and investigating possible fraudulent insurance acts.
- (b) A description of the insurer's procedures for the mandatory reporting of possible fraudulent insurance acts to the Division of Insurance Fraud of the department.
- (c) A description of the insurer's plan for anti-fraud education and training of its claims adjusters or other personnel.
- (d) A written description or chart outlining the organizational arrangement of the insurer's anti-fraud personnel who are responsible for the investigation and reporting of possible fraudulent insurance acts.
- (4) Any insurer who obtains a certificate of authority after July 1, 1995, shall have 18 months in which to comply with the requirements of this section.
- (5) For purposes of this section, the term "unit or division" includes the assignment of fraud investigation to employees whose principal responsibilities are the investigation and disposition of claims. If an insurer creates a distinct unit or division, hires additional employees, or contracts with another entity to fulfill the requirements of this section, the additional cost incurred must be included as an administrative expense for ratemaking purposes.

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(6) If an insurer fails to timely submit a final
acceptable anti-fraud plan or anti-fraud investigative unit
description, fails to implement the provisions of a plan or an
anti-fraud investigative unit description, or otherwise refuses
to comply with the provisions of this section, the department,
may:

- (a) Impose an administrative fine of not more than \$2,000 per day for such failure by an insurer to submit an acceptable anti-fraud plan or anti-fraud investigative unit description, until the department deems the insurer to be in compliance;
- (b) Impose an administrative fine for failure by an insurer to implement or follow the provisions of an anti-fraud plan or anti-fraud investigative unit description; or
 - (c) Impose the provisions of both paragraphs (a) and (b).
- (7) The department may adopt rules to administer this section.
- 637.1048 Anti-Fraud Reward Program; reporting of title insurance fraud.—
- (1) The Anti-Fraud Reward Program is hereby established within the department, to be funded from the Title Insurance Regulatory Trust Fund.
- (2) The department may pay rewards of up to \$25,000 to persons providing information leading to the arrest and conviction of persons committing crimes investigated by the Division of Insurance Fraud arising from violations of s. 440.105, s. 637.1008, s. 637.1033, s. 637.1046, or s. 817.234.
- 2211 (3) Only a single reward amount may be paid by the
 2212 department for claims arising out of the same transaction or

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occurrence, regardless of the number of persons arrested and convicted and the number of persons submitting claims for the reward. The reward may be disbursed among more than one person in amounts determined by the department.

- (4) The department shall adopt rules which set forth the application and approval process, including the criteria against which claims shall be evaluated, the basis for determining specific reward amounts, and the manner in which rewards shall be disbursed. Applications for rewards authorized by this section must be made pursuant to rules established by the department.
- (5) Determinations by the department to grant or deny a reward under this section shall not be considered agency action subject to review under s. 120.569 or s. 120.57.
- 637.1049 Disposition of revenues; criminal or forfeiture proceedings.—
- (1) The Division of Insurance Fraud of the Department of Financial Services may deposit revenues received as a result of criminal proceedings or forfeiture proceedings, other than revenues deposited into the Department of Financial Services' Federal Law Enforcement Trust Fund under s. 17.43, into the Title Insurance Regulatory Trust Fund. Moneys deposited pursuant to this section shall be separately accounted for and shall be used solely for the division to carry out its duties and responsibilities.
- (2) Moneys deposited into the Title Insurance Regulatory

 Trust Fund pursuant to this section shall be appropriated by the

 Legislature, pursuant to the provisions of chapter 216, for the

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      sole purpose of enabling the division to carry out its duties
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      and responsibilities.
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           (3) Notwithstanding the provisions of s. 216.301 and
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      pursuant to s. 216.351, any balance of moneys deposited into the
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      Title Insurance Regulatory Trust Fund pursuant to this section
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      remaining at the end of any fiscal year shall remain in the
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      trust fund at the end of that year and shall be available for
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      carrying out the duties and responsibilities of the division.
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           Section 4.
                       Part II of chapter 637, Florida Statutes,
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      consisting of sections 637.2001, 637.2002, 637.2003, 637.20035,
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      637.2004, 637.2005, 637.2006, 637.2007, 637.20073, 637.20075,
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      637.2008, 637.2009, 637.2011, 637.2012, 637.2013, 637.2014,
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      637.2015, 637.2016, 637.2017, 637.2018, 637.2019, 637.2021,
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      637.2022, 637.2023, 637.2024, 637.2025, 637.2026, 637.2027,
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      637.2028, 637.2029, 637.2031, 637.2032, 637.2033, 637.2034,
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      637.2042, 637.2043, 637.2046, 637.2047, 637.2048, 637.20485,
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      637.2049, 637.20495, 637.2051, 637.2052, 637.2053, 637.2054,
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      637.2063, 637.20635, 637.2064, 637.2065, 637.2066, 637.2067,
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      637.2068, 637.2069, 637.2071, 637.2072, 637.2073, 637.2074,
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      637.2075, 637.2076, 637.2077, 637.2078, 637.2079, 637.2081,
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      637.2082, 637.2083, 637.2084, 637.2085, 637.2086, 637.2087,
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      637.2088, 637.2089, and 637.2091, is created and entitled
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      "ADMINISTRATION OF TITLE INSURERS."
           Section 5. Sections 637.2001, 637.2002, 637.2003,
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      637.20035, 637.2004, 637.2005, 637.2006, and 637.2007, Florida
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      Statutes, are created to read:
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637.2001 Certificate of authority required.-

- (1) A person may not act as a title insurer, and a title insurer or its agents, attorneys, or representatives may not directly or indirectly transact title insurance, in this state except as authorized by a subsisting certificate of authority issued to the title insurer by the department, except as to such transactions as are expressly otherwise provided for in this chapter.
- (2) A title insurer may not, from offices or by personnel or facilities located in this state, solicit title insurance applications or otherwise transact title insurance in another state or country unless it holds a subsisting certificate of authority issued to it by the department authorizing it to transact the same kind or kinds of title insurance in this state.
- (3) This state hereby preempts the field of regulating title insurers and their agents and representatives; and a county, city, municipality, district, school district, or political subdivision may not require of any title insurer, title insurance agent, or representative regulated under this chapter any authorization, permit, or registration of any kind for conducting transactions lawful under the authority granted by the state under this chapter.
- (4) (a) Any person who acts as a title insurer, transacts title insurance, or otherwise engages in title insurance activities in this state without a certificate of authority in violation of this section commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

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- (b) However, any person acting as a title insurer without a valid certificate of authority who violates this section commits insurance fraud, punishable as provided in this paragraph. If the amount of any insurance premium collected with respect to any violation of this section:
- 1. Is less than \$20,000, the offender commits a felony of the third degree, punishable as provided in s. 775.082, s.

 775.083, or s. 775.084, and the offender shall be sentenced to a minimum term of imprisonment of 1 year.
- 2. Is \$20,000 or more, but less than \$100,000, the offender commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, and the offender shall be sentenced to a minimum term of imprisonment of 18 months.
- 3. Is \$100,000 or more, the offender commits a felony of the first degree, punishable as provided in s. 775.082, s.

 775.083, or s. 775.084, and the offender shall be sentenced to a minimum term of imprisonment of 2 years.
- 637.2002 Exceptions, certificate of authority required.—A certificate of authority shall not be required of a title insurer with respect to:
- (1) Investigation, settlement, or litigation of claims under its policies lawfully written in this state, or liquidation of assets and liabilities of the insurer (other than collection of new premiums), all as resulting from its former authorized operations in this state.
- 2323 (2) Transactions involving a policy, subsequent to
 2324 issuance thereof, covering only subjects of insurance not

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resident, located, or expressly to be performed in this state at the time of issuance, and lawfully solicited, written, or delivered outside this state.

- (3) Reinsurance, when transacted as authorized under s. 637.2049.
- (4) Investment by a foreign insurer of its funds in real estate in this state or in securities secured thereby, if the foreign insurer complies with the laws of this state relating generally to foreign business corporations.
- 637.2003 General eligibility of title insurers for certificate of authority.—To qualify for and hold authority to transact title insurance in this state, a title insurer must be otherwise in compliance with this chapter and with its charter powers and must be an incorporated stock insurer, an incorporated mutual insurer, or a reciprocal insurer, of the same general type as may be formed as a domestic insurer under this chapter; except that:
- (1) A title insurer may not be authorized to transact title insurance in this state which does not maintain reserves as required by part I of chapter 625 applicable to the kind or kinds of insurance transacted by such insurer, wherever transacted in the United States, or which transacts insurance in the United States on the assessment premium plan, stipulated premium plan, cooperative plan, or any similar plan.
- (2) A foreign or alien title insurer or exchange may not be authorized to transact title insurance in this state unless it is otherwise qualified therefor under this chapter and has operated satisfactorily for at least 3 years in its state or

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country of domicile; however, the department may waive the 3year requirement if the foreign or alien insurer or exchange:

- (a) Has operated successfully and has capital and surplus of \$5 million;
- (b) Is the wholly owned subsidiary of an insurer which is an authorized insurer in this state; or
- (c) Is the successor in interest through merger or consolidation of an authorized insurer.
- (3) (a) The department shall not grant or continue authority to transact title insurance in this state as to any title insurer the management, officers, or directors of which are found by it to be incompetent or untrustworthy; or so lacking in insurance company managerial experience as to make the proposed operation hazardous to the insurance-buying public; or so lacking in insurance experience, ability, and standing as to jeopardize the reasonable promise of successful operation; or which it has good reason to believe are affiliated directly or indirectly through ownership, control, reinsurance transactions, or other insurance or business relations, with any person or persons whose business operations are or have been marked, to the detriment of policyholders or stockholders or investors or creditors or of the public, by manipulation of assets, accounts, or reinsurance or by bad faith.
- (b) The department shall not grant or continue authority to transact title insurance in this state as to any title insurer if any person, including any subscriber, stockholder, or incorporator, who exercises or has the ability to exercise effective control of the insurer, or who influences or has the

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ability to influence the transaction of the business of the insurer, does not possess the financial standing and business experience for the successful operation of the insurer.

- The department may deny, suspend, or revoke the authority to transact title insurance in this state of any title insurer if any person, including any subscriber, stockholder, or incorporator, who exercises or has the ability to exercise effective control of the insurer, or who influences or has the ability to influence the transaction of the business of the insurer, has been found guilty of, or has pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of 1 year or more under the law of the United States or any state thereof or under the law of any other country which involves moral turpitude, without regard to whether a judgment of conviction has been entered by the court having jurisdiction in such case. However, in the case of an insurer operating under a subsisting certificate of authority, the insurer shall remove any such person immediately upon discovery of the conditions set forth in this paragraph when applicable to such person or upon the order of the department, and the failure to so act by said insurer shall be grounds for revocation or suspension of the insurer's certificate of authority.
- (d) The department may deny, suspend, or revoke the authority of a title insurer to transact title insurance in this state if any person, including any subscriber, stockholder, or incorporator, who exercises or has the ability to exercise effective control of the insurer, or who influences or has the ability to influence the transaction of the business of the

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insurer, which person the department has good reason to believe is now or was in the past affiliated directly or indirectly, through ownership interest of 10 percent or more, control, or reinsurance transactions, with any business, corporation, or other entity that has been found guilty of or has pleaded guilty or nolo contendere to any felony or crime punishable by imprisonment for 1 year or more under the laws of the United States, any state, or any other country, regardless of adjudication. However, in the case of an insurer operating under a subsisting certificate of authority, the insurer shall immediately remove such person or immediately notify the department of such person upon discovery of the conditions set forth in this paragraph, either when applicable to such person or upon order of the department; the failure to remove such person, provide such notice, or comply with such order constitutes grounds for suspension or revocation of the insurer's certificate of authority.

- (4) (a) An authorized title insurer may not act as a fronting company for any unauthorized insurer which is not an approved reinsurer.
- (b) A "fronting company" is an authorized insurer which by reinsurance or otherwise generally transfers more than 50 percent to one unauthorized insurer which does not meet the requirements of s. 637.604(3)(a), (b), or (c), or more than 75 percent to two or more unauthorized insurers which do not meet the requirements of s. 637.604(3)(a), (b), or (c), of the entire risk of loss on all of the insurance written by it in this state, or on one or more lines of insurance, on all of the

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business produced through one or more agents or agencies, or on all of the business from a designated geographical territory, without obtaining the prior approval of the department.

- (c) The department may, in its discretion, approve a transfer of risk in excess of the limits in paragraph (b) upon presentation of evidence, satisfactory to the department, that the transfer would be in the best interests of the financial condition of the insurer and in the best interests of the policyholders.
- (5) A title insurer may not be authorized to transact title insurance in this state which, during the 3 years immediately preceding its application for a certificate of authority, has violated any of the insurance laws of this state and after being informed of such violation has failed to correct the same; except that, if all other requirements are met, the department may nevertheless issue a certificate of authority to such an insurer upon the filing by the insurer of a sworn statement of all such insurance so written in violation of law, and upon payment to the department of a sum of money as additional filing fee equivalent to all premium taxes and other state taxes and fees as would have been payable by the insurer if such insurance had been lawfully written by an authorized insurer under the laws of this state. This fee, when collected, shall be deposited to the credit of the Title Insurance Regulatory Trust Fund.
- (6) Nothing in this chapter shall be deemed to prohibit the granting and continuance of a certificate of authority to a domestic title insurer organized as a business trust, if the

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declaration of trust of such insurer was filed in the department of the Secretary of State prior to January 1, 1959, and if the insurer otherwise meets the applicable requirements of this chapter. Such an insurer may hereinafter in this chapter be referred to as a "business trust insurer."

- (7) For the purpose of satisfying the requirements of ss. 637.2004 and 637.2007, the investment portfolio of an insurer applying for an initial certificate of authority to do business in this state shall value its bonds and stocks in accordance with the provisions of the latest edition of the publication "Purposes and Procedures Manual of the NAIC Securities Valuation Office" by the National Association of Insurance Commissioners, July 1, 2002, and subsequent amendments thereto, if the valuation methodology remains substantially unchanged.
- 637.20035 Structure of title insurers.—Except as to domestic business trust title insurers as referred to in s.
 637.2003(6) authorized prior to October 1, 2010, a title insurer shall be a stock insurer.
 - 637.2004 Capital funds required; new insurers.-
- insurer applying for its original certificate of authority in this state after the effective date of this section shall possess surplus as to policyholders not less than the greater of \$2.5 million or 10 percent of the insurer's total liabilities; however, no insurer shall be required under this subsection to have surplus as to policyholders greater than \$100 million.
- (2) The requirements of this section shall be based upon all the kinds of insurance actually transacted or to be

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transacted by the insurer in any and all areas in which it operates, whether or not only a portion of such kinds are to be transacted in this state.

- (3) As to surplus as to policyholders required for qualification to transact one or more kinds of insurance, domestic mutual insurers are governed by chapter 628, and domestic reciprocal insurers are governed by chapter 629.
- (4) For the purposes of this section, liabilities shall not include liabilities required under s. 625.041(4). For purposes of computing minimum surplus as to policyholders pursuant to s. 625.305(1), liabilities shall include liabilities required under s. 625.041(4).
- (5) The provisions of this section, as amended by this act, shall apply only to insurers applying for a certificate of authority on or after the effective date of this act.
- 637.2005 Restrictions on insurers that are wholly owned subsidiaries of insurers to do business in state.—Effective December 31, 2010, and notwithstanding any other provision of law:
- (1) A new certificate of authority for the transaction of title insurance may not be issued to any insurer domiciled in this state that is a wholly owned subsidiary of an insurer authorized to do business in any other state.
- (2) The rate filings of any insurer domiciled in this state that is a wholly owned subsidiary of an insurer authorized to do business in any other state shall include information relating to the profits of the parent company of the insurer domiciled in this state.

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person who was an officer or director of an insurer doing business in this state and who served in that capacity within the 2-year period prior to the date the insurer became insolvent, for any insolvency that occurs on or after July 1, 2002, may not thereafter serve as an officer or director of an insurer authorized in this state unless the officer or director demonstrates that his or her personal actions or omissions were not a significant contributing cause to the insolvency.

- 637.2007 Surplus as to policyholders required; new and existing insurers.—
- (1) To maintain a certificate of authority to transact title insurance, an insurer in this state shall at all times maintain surplus as to policyholders not less than the greater of \$1.5 million or 10 percent of the insurer's total liabilities.
- (2) For purposes of this section, liabilities shall not include liabilities required under s. 625.041(4). For purposes of computing minimum surplus as to policyholders pursuant to s. 625.305(1), liabilities shall include liabilities required under s. 625.041(4).
- (3) An insurer may not be required under this section to have surplus as to policyholders greater than \$100 million.
- Section 6. Section 625.330, Florida Statutes, is transferred, renumbered as section 627.20073, Florida Statutes, and amended to read:
 - 637.20073 625.330 Special investments by title insurer.-
 - (1) In addition to other investments eligible under this

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part, a title insurer may invest and have invested an amount not exceeding the greater of \$300,000 or 50 percent of that part of its surplus as to policyholders which exceeds the minimum surplus required by s. 637.2007 624.408 in its abstract plant and equipment, in loans secured by mortgages on abstract plants and equipment, and, with the consent of the office, in stocks of abstract companies. If the insurer transacts kinds of insurance in addition to title insurance, for the purposes of this section its paid-in capital stock shall be prorated between title insurance and such other insurances upon the basis of the reserves maintained by the insurer for the various kinds of insurance; but the capital so assigned to title insurance may not shall in any no event be less than \$100,000.

- (2) Subsection (1) does not apply to a business trust insurer. Such an insurer may invest and have invested not exceeding the greater of \$300,000 or 50 percent of its net trust fund in excess of the reserve provided for under s. 637.20075 625.111 in abstract plants, stock in abstract companies, or corporations controlled by the business trust and created for developing and servicing abstract plants.
- (3) Investments authorized by this section shall not be credited against the insurer's required unearned premium or guaranty fund reserve provided for under s. 637.20075 625.111.
- Section 7. Section 625.111, Florida Statutes, is transferred, renumbered as section 637.20075, Florida Statutes, and amended to read:
 - 637.20075 625.111 Title insurance reserve.—
 - (1) In addition to an adequate reserve as to outstanding

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losses relating to known claims, as required under s. 625.041, a title insurer shall establish, segregate, and maintain a guaranty fund or unearned premium reserve as provided in this section. The sums required under this section to be reserved for unearned premiums on title guarantees and policies at all times and for all purposes shall be considered and constitute unearned portions of the original premiums and shall be charged as a reserve liability of such insurer in determining its financial condition. While such sums are so reserved, they shall be withdrawn from the use of the insurer for its general purposes, impressed with a trust in favor of the holders of title quarantees and policies, and held available for reinsurance of the title guarantees and policies in the event of the insolvency of the insurer. Nothing contained in this section precludes shall preclude such insurer from investing such reserve in investments authorized by law for such an insurer and the income from such invested reserve shall be included in the general income of the insurer to be used by such insurer for any lawful purpose.

- (2)(1) For unearned premium reserves established on or after July 1, 1999, such unearned premium reserve shall consist of not less than an amount equal to the sum of:
- (a) A reserve with respect to unearned premiums for policies written or title liability assumed in reinsurance before July 1, 1999, equal to the reserve established on June 30, 1999, for those unearned premiums with such reserve being subsequently released as provided in subsection (3)(2). For domestic title insurers subject to this section, such amounts

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shall be calculated in accordance with provisions of law of this state in effect at the time the associated premiums were written or assumed and as amended prior to July 1, 1999.

- (b) A total amount equal to 30 cents for each \$1,000 of net retained liability for policies written or title liability assumed in reinsurance on or after July 1, 1999, with such reserve being subsequently released as provided in subsection (3)(2). For the purpose of calculating this reserve, the total of the net retained liability for all simultaneous issue policies covering a single risk shall be equal to the liability for the policy with the highest limit covering that single risk, net of any liability ceded in reinsurance.
- An additional amount, if deemed necessary by a qualified actuary, which shall be subsequently released as provided in subsection $(3)\frac{(2)}{(2)}$. Using financial results as of December 31 of each year, all domestic title insurers shall obtain a Statement of Actuarial Opinion from a qualified actuary regarding the insurer's loss and loss adjustment expense reserves, including reserves for known claims, adverse development on known claims, incurred but not reported claims, and unallocated loss adjustment expenses. The actuarial opinion shall conform to the annual statement instructions for title insurers adopted by the National Association of Insurance Commissioners and shall include the actuary's professional opinion of the insurer's reserves as of the date of the annual statement. If the amount of the reserve stated in the opinion and displayed in Schedule P of the annual statement for that reporting date is greater than the sum of the known claim

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reserve and unearned premium reserve as calculated under this section, as of the same reporting date and including any previous actuarial provisions added at earlier dates, the insurer shall add to the insurer's unearned premium reserve an actuarial amount equal to the reserve shown in the actuarial opinion, minus the known claim reserve and the unearned premium reserve, as of the current reporting date and calculated in accordance with this section, but in no event calculated as of any date prior to December 31, 1999. The comparison shall be made using that line on Schedule P displaying the Total Net Loss and Loss Adjustment Expense which is comprised of the Known Claim Reserve, and any associated Adverse Development Reserve, the reserve for Incurred But Not Reported Losses, and Unallocated Loss Adjustment Expenses.

(3)(2)(a) With respect to the reserve established in accordance with paragraph (2)(1)(a), the domestic title insurer shall release the reserve over a period of 20 subsequent years as provided in this paragraph. The insurer shall release 30 percent of the initial aggregate sum during 1999, with one quarter of that amount being released on March 31, June 30, September 30, and December 31, 1999, with the March 31 and June 30 releases to be retroactive and reflected on the September 30 financial statements. Thereafter, the insurer shall release, on the same quarterly basis as specified for reserves released during 1999, a percentage of the initial aggregate sum as follows: 15 percent during calendar year 2000, 10 percent during each of calendar years 2003 and 2004, 3 percent during each of calendar

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years 2005 and 2006, 2 percent during each of calendar years 2007-2013, and 1 percent during each of calendar years 2014-2018.

- With respect to reserves established in accordance with paragraph $(2)\frac{(1)}{(b)}$, the unearned premium for policies written or title liability assumed during a particular calendar year shall be earned, and released from reserve, over a period of 20 subsequent years as provided in this paragraph. The insurer shall release 30 percent of the initial sum during the year next succeeding the year the premium was written or assumed, with one quarter of that amount being released on March 31, June 30, September 30, and December 31 of such year. Thereafter, the insurer shall release, on the same quarterly basis as specified for reserves released during the year first succeeding the year the premium was written or assumed, a percentage of the initial sum as follows: 15 percent during the next succeeding year, 10 percent during each of the next succeeding 2 years, 5 percent during each of the next succeeding 2 years, 3 percent during each of the next succeeding 2 years, 2 percent during each of the next succeeding 7 years, and 1 percent during each of the next succeeding 5 years.
- (c) With respect to reserves established in accordance with paragraph (2) (1) (c), any additional amount established in any calendar year shall be released in the years subsequent to its establishment as provided in paragraph (b), with the timing and percentage of releases being in all respects identical to those of unearned premium reserves that are calculated as provided in paragraph (b) and established with regard to

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premiums written or liability assumed in reinsurance in the same year as the year in which any additional amount was originally established.

- $\underline{(4)}$ At any reporting date, the amount of the required releases of existing unearned premium reserves under subsection $\underline{(3)}$ (2) shall be calculated and deducted from the total unearned premium reserve before any additional amount is established for the current calendar year in accordance with the provisions of paragraph (2) $\underline{(1)}$ (c).
 - (5) (4) As used in this section:
- (a) "Net retained liability" means the total liability retained by a title insurer for a single risk, after taking into account the deduction for ceded liability, if any.
- (b) "Qualified actuary" means a person who is, as detailed in the National Association of Insurance Commissioners' Annual Statement Instructions:
- 1. A member in good standing of the Casualty Actuarial Society;
- 2. A member in good standing of the American Academy of Actuaries who has been approved as qualified for signing casualty loss reserve opinions by the Casualty Practice Council of the American Academy of Actuaries; or
- 3. A person who otherwise has competency in loss reserve evaluation as demonstrated to the satisfaction of the insurance regulatory official of the domiciliary state. In such case, at least 90 days prior to the filing of its annual statement, the insurer must request approval that the person be deemed qualified and that request must be approved or denied. The

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request must include the National Association of Insurance Commissioners' Biographical Form and a list of all loss reserve opinions issued in the last 3 years by this person.

(c) "Single risk" means the insured amount of any title insurance policy, except that where two or more title insurance policies are issued simultaneously covering different estates in the same real property, "single risk" means the sum of the insured amounts of all such title insurance policies. Any title insurance policy insuring a mortgage interest, a claim payment under which reduces the insured amount of a fee or leasehold title insurance policy, shall be excluded in computing the amount of a single risk to the extent that the insured amount of the mortgage title insurance policy does not exceed the insured amount of the fee or leasehold title insurance policy.

Section 8. Sections 637.2008, 637.2009, 637.2011, 637.2012, 637.2013, 637.2014, 637.2015, 637.2016, 637.2017, 637.2018, 637.2019, 637.2021, 637.2022, 637.2023, 637.2024, 637.2025, 637.2026, 637.2027, 637.2028, 637.2029, 637.2031, 637.2032, 637.2033, 637.2034, 637.2035, 637.2036, 637.2037, 637.2038, 637.2039, 637.2041, 637.2042, 637.2043, 637.2046, 637.2047, and 637.2048, Florida Statutes, are created to read:

637.2008 Premiums written; restrictions.-

(1) Whenever a title insurer's ratio of actual or projected annual written premiums as adjusted in accordance with subsection (4) to current or projected surplus as to policyholders as adjusted in accordance with subsection (6) exceeds 10 to 1 for gross written premiums or exceeds 4 to 1 for net written premiums, the department shall suspend the insurer's

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certificate of authority or establish by order maximum gross or net annual premiums to be written by the insurer consistent with maintaining the ratios specified herein unless the insurer demonstrates to the department's satisfaction that exceeding the ratios of this section does not endanger the financial condition of the insurer or endanger the interests of the insurer's policyholders.

- (2) Projected annual net or gross premiums shall be based on the actual writings to date for the title insurer's current calendar year or the insurer's writings for the previous calendar year or both. Ratios shall be computed on an annualized basis.
- (3) For the purposes of this section, gross premiums written means direct premiums written and reinsurance assumed.
- (4) For the purposes of this section, for each calendar year premiums shall be calculated as the product of the actual or projected premiums and 1.00.
- 637.2009 Deposit requirement; domestic title insurers and foreign title insurers.—
- (1) As to domestic title insurers, the department shall not issue or permit to exist a certificate of authority unless such insurer has deposited and maintains deposited in trust for the protection of the insurer's policyholders or its policyholders and creditors with the department securities eligible for such deposit under s. 625.52, having at all times a value of not less than \$100,000.
- (2) As to foreign title insurers, the department, upon issuing or permitting to exist a certificate of authority, may

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require for good cause a deposit and maintenance of the deposit in trust for the protection of the insured's policyholders or its policyholders and creditors with the department securities eligible for such deposit under s. 625.52, having at all times a value of not less than \$100,000 A foreign insurer with surplus as to policyholders of more than \$10 million according to its latest annual statement shall not be required to make a deposit under this subsection.

- Whenever the department determines that the financial condition of a title insurer has deteriorated or that the policyholders' best interests are not being preserved by the activities of an insurer, the department may require such insurer to deposit and maintain deposited in trust with the department for the protection of the insurer's policyholders or its policyholders and creditors, for such time as the department deems necessary, securities eligible for such deposit under s. 625.52, having a market value of not less than the amount which the department determines is necessary, which amount shall be not less than \$100,000, or more than 25 percent of the insurer's obligations in this state, as determined from the latest annual financial statement of the insured. The deposit required under this subsection shall not exceed \$2 million and is in addition to any other deposits required of an insurer pursuant to subsections (1) and (2) or any other provisions of this chapter.
- (4) All such deposits in this state are subject to the applicable provisions of part III of chapter 625.
 - 637.2011 Deposit of alien insurers.-
 - (1) An alien title insurer may not transact insurance in

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this state unless it has and maintains within the United States as trust deposits with public officials having supervision over insurers, or with trustees, public depositories, or trust institutions approved by the department, assets available for discharge of its United States insurance obligations, which assets shall be in amount not less than the outstanding reserves and other liabilities of the insurer arising out of its insurance transactions in the United States together with the amount of surplus as to policyholders required by s. 637.2007 of a domestic stock insurer transacting like kinds of insurance.

- (2) Any such deposit made in this state shall be held for the protection of the insurer's policyholders or policyholders and creditors in the United States and shall be subject to the applicable provisions of part III of chapter 625 and chapter 630.
 - 637.2012 Application for certificate of authority.
- (1) To apply for a certificate of authority, a title insurer shall file its application therefor with the department, upon a form adopted by the department and furnished by the department, showing its name; location of its home office and, if an alien insurer, its principal office in the United States; kinds of insurance to be transacted; state or country of domicile; and such additional information as the department reasonably requires, together with the following documents:
- (a) One copy of its corporate charter, articles of incorporation, existing and proposed nonfacultative reinsurance contracts, declaration of trust, or other charter documents, with all amendments thereto, certified by the public official

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with whom the originals are on file in the state or country of domicile.

- (b) If a mutual insurer, a copy of its bylaws, as amended, certified by its secretary or other officer having custody thereof.
- (c) If a foreign or alien reciprocal insurer, a copy of the power of attorney of its attorney in fact and of its subscribers' agreement, if any, certified by the attorney in fact; and, if a domestic reciprocal insurer, the declaration provided for in s. 629.081.
- (d) A copy of its financial statement as of December 31 next preceding, containing information generally included in insurer financial statements prepared in accordance with generally accepted insurance accounting principles and practices and in a form generally utilized by insurers for financial statements, sworn to by at least two executive officers of the insurer, or certified by the public official having supervision of insurance in the insurer's state of domicile or of entry into the United States. To facilitate uniformity in financial statements, the department may by rule adopt the form for financial statements approved by the National Association of Insurance Commissioners in 2002, and may adopt subsequent amendments thereto if the form remains substantially consistent.
- (e) Supplemental quarterly financial statements for each calendar quarter since the beginning of the year of its application for the certificate of authority, sworn to by at least two of its executive officers. To facilitate uniformity in financial statements, the department may by rule adopt the form

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for quarterly financial statements approved by the National

Association of Insurance Commissioners in 2002, and may adopt

subsequent amendments thereto if the form remains substantially consistent.

- (f) If a foreign or alien insurer, a copy of the report of the most recent examination of the insurer certified by the public official having supervision of insurance in its state of domicile or of entry into the United States. The end of the most recent year covered by the examination must be within the 3-year period preceding the date of application. In lieu of the certified examination report, the department may accept an audited certified public accountant's report prepared on a basis consistent with the insurance laws of the insurer's state of domicile, certified by the public official having supervision of insurance in its state of domicile or of entry into the United States.
- (g) If a foreign or alien insurer, a certificate of compliance from the public official having supervision of insurance in its state or country of domicile showing that it is duly organized and authorized to transact insurance therein and the kinds of insurance it is so authorized to transact.
- (h) If a foreign or alien insurer, a certificate of the public official having custody of any deposit maintained by the insurer in another state in lieu of a deposit or part thereof required in this state under s. 637.2009 or s. 637.2011, showing the amount of such deposit and the assets or securities of which comprised.
 - (i) If an alien insurer, a copy of the appointment and

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authority of its United States manager, certified by its officer having custody of its records.

- (2) The application shall be accompanied by the applicable fees and license tax as specified in s. 637.2031.
- 637.2013 Redomestication.—The department shall adopt rules establishing procedures and forms for a foreign title insurer to apply for a certificate of authority as a domestic title insurer.
- 637.2014 Issuance or refusal of authority.—The fee for filing application for a certificate of authority shall not be subject to refund. The department shall issue to the applicant title insurer a proper certificate of authority if it finds that the insurer has met the requirements of this chapter, exclusive of the requirements relative to the filing and approval of an insurer's policy forms, riders, endorsements, applications, and rates. If it does not so find, the department shall issue its order refusing the certificate. The certificate, if issued, shall specify the kind or kinds and line or lines of insurance the insurer is authorized to transact in this state. The issuance of a certificate of authority does not signify that an insurer has met the requirements of this chapter relative to the filing and approval of an insurer's policy forms, riders, endorsements, applications, and rates which may be required prior to an insurer actually writing any premiums.
- 637.2015 Ownership of certificate of authority; return.—
 Although issued to the insurer, the certificate of authority is
 at all times the property of this state. Upon any expiration,
 suspension, or termination thereof, the insurer shall promptly

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deliver the certificate of authority to the department.
637.2016 Continuance, expiration, reinstatement, and

amendment of certificate of authority.-

- (1) A certificate of authority issued under this chapter shall continue in force as long as the insurer is entitled thereto under this chapter and until suspended, revoked, or terminated at the request of the insurer; subject, however, to continuance of the certificate by the insurer each year by:
- (a) Payment prior to June 1 of the annual license tax provided for in s. 637.2031(3);
- (b) Due filing by the insurer of its annual statement for the calendar year preceding as required under s. 637.2024; and
- (c) Payment by the insurer of applicable taxes with respect to the preceding calendar year as required under this chapter.
- (2) If not so continued by the insurer, its certificate of authority shall expire at midnight on the May 31 next following such failure of the insurer so to continue it in force. The department shall promptly notify the insurer of the occurrence of any failure resulting in impending expiration of its certificate of authority.
- (3) The department may, in its discretion, reinstate a certificate of authority which the insurer has inadvertently permitted to expire, after the insurer has fully cured all its failures which resulted in the expiration, and upon payment by the insurer of the fee for reinstatement, in the amount provided in s. 637.2031(1)(b). Otherwise, the insurer shall be granted another certificate of authority only after filing application

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- therefor and meeting all other requirements as for an original certificate of authority in this state.
 - (4) The department may amend a certificate of authority at any time to accord with changes in the insurer's charter or insuring powers.
 - 637.2017 Suspension, revocation of certificate of authority for violations and special grounds.—
 - (1) The department shall suspend or revoke a title insurer's certificate of authority if it finds that the insurer:
 - (a) Is in unsound financial condition.
 - (b) Is using such methods and practices in the conduct of its business as to render its further transaction of insurance in this state hazardous or injurious to its policyholders or to the public.
 - (c) Has failed to pay any final judgment rendered against it in this state within 60 days after the judgment became final.
 - (d) No longer meets the requirements for the authority originally granted.
 - (2) The department may, in its discretion, suspend or revoke the certificate of authority of an insurer if it finds that the insurer:
 - (a) Has violated any lawful order or rule of the department or any provision of this chapter.
 - (b) Has refused to be examined or to produce its accounts, records, and files for examination, or if any of its officers have refused to give information with respect to its affairs or to perform any other legal obligation as to such examination, when required by the department.

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- (c) Has for any line, class, or combination thereof, with such frequency as to indicate its general business practice in this state, without just cause refused to pay proper claims arising under its policies, whether any such claim is in favor of an insured or is in favor of a third person with respect to the liability of an insured to such third person, or without just cause compels such insureds or claimants to accept less than the amount due them or to employ attorneys or to bring suit against the insurer or such an insured to secure full payment or settlement of such claims.
- (d) Is affiliated with and under the same general management or interlocking directorate or ownership as another insurer which transacts direct insurance in this state without having a certificate of authority therefor, except as permitted as to surplus lines insurers under part VIII of chapter 626.
- (e) Has been convicted of, or entered a plea of guilty or nolo contendere to, a felony relating to the transaction of insurance, in this state or in any other state, without regard to whether adjudication was withheld.
- (f) Has a ratio of net premiums written to surplus as to policyholders that exceeds 4 to 1, and the department has reason to believe that the financial condition of the insurer endangers the interests of the policyholders. The ratio of net premiums written to surplus as to policyholders shall be on an annualized actual or projected basis. The ratio shall be based on the insurer's current calendar year activities and experience to date or the insurer's previous calendar year activities and experience, or both, and shall be calculated to represent a 12-

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month period. However, the provisions of this paragraph do not apply to any insurance or insurer exempted from s. 637.2008.

- (g) Is under suspension or revocation in another state.
- an immediate serious danger to the public health, safety, or welfare; and the department may, at its discretion, without prior notice and the opportunity for hearing immediately suspend the certificate of authority of an insurer upon a determination that:
 - (a) The insurer is impaired or insolvent; or
- (b) Receivership, conservatorship, rehabilitation, or other delinquency proceedings have been initiated against the insurer by the public insurance supervisory official of any state.
- 637.2018 Order, notice of suspension or revocation of certificate of authority; effect; publication.—
- (1) Suspension or revocation of a title insurer's certificate of authority shall be by the order of the department. The department shall promptly also give notice of such suspension or revocation to the insurer's agents in this state of record. The insurer shall not solicit or write any new coverages in this state during the period of any such suspension and may renew coverages only upon a finding by the department that the insurer is capable of servicing the renewal coverage.

 The insurer shall not solicit or write any new or renewal coverages after any such revocation.
- (2) In its discretion, the department may cause notice of any such suspension or revocation to be published in one or more

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- newspapers of general circulation published in this state.
- 3026 <u>637.2019 Duration of suspension; insurer's obligations</u> 3027 during suspension period; reinstatement.—
 - (1) Suspension of a title insurer's certificate of authority shall be for:
 - (a) A fixed period of time not to exceed 2 years; or
 - (b) Until the occurrence of a specific event necessary for remedying the reasons for suspension.

3034 Such suspension may be modified, rescinded, or reversed.

- (2) During the period of suspension, the insurer shall file with the department all documents and information and pay all license fees and taxes as required under this chapter as if the certificate had continued in full force.
- (3) If the suspension of the certificate of authority is for a fixed period of time and the certificate of authority has not been otherwise terminated, upon expiration of the suspension period the insurer's certificate of authority shall be reinstated unless the department finds that the insurer is not in compliance with the requirements of this chapter. The department shall promptly notify the insurer of such reinstatement, and the insurer shall not consider its certificate of authority reinstated until so notified by the department. If not reinstated, the certificate of authority shall be deemed to have expired as of the end of the suspension period or upon failure of the insurer to continue the certificate during the suspension period in accordance with subsection (2), whichever event first occurs.

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- (4) If the suspension of the certificate of authority was until the occurrence of a specific event or events and the certificate of authority has not been otherwise terminated, upon the presentation of evidence satisfactory to the department that the specific event or events have occurred, the insurer's certificate of authority shall be reinstated unless the department finds that the insurer is otherwise not in compliance with the requirements of this chapter. The department shall promptly notify the insurer of such reinstatement, and the insurer shall not consider its certificate of authority reinstated until so notified by the department. If satisfactory evidence as to the occurrence of the specific event or events has not been presented to the department within 2 years of the date of such suspension, the certificate of authority shall be deemed to have expired as of 2 years from the date of suspension or upon failure of the insurer to continue the certificate during the suspension period in accordance with subsection (2), whichever first occurs.
- (5) Upon reinstatement of the insurer's certificate of authority, the authority of its agents in this state to represent the insurer shall likewise reinstate. The department shall promptly notify the insurer of such reinstatement.
- 637.2021 Administrative fine in lieu of suspension or revocation.—
- (1) If the department finds that one or more grounds exist for the discretionary revocation or suspension of a certificate of authority issued under this chapter, the department may, in lieu of such revocation or suspension, impose a fine upon the

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- With respect to any nonwillful violation, such fine shall not exceed \$2,500 per violation. In no event shall such fine exceed an aggregate amount of \$10,000 for all nonwillful violations arising out of the same action. When an insurer discovers a nonwillful violation, the insurer shall correct the violation and, if restitution is due, make restitution to all affected persons. Such restitution shall include interest at 12 percent per year from either the date of the violation or the date of inception of the affected person's policy, at the insurer's option. The restitution may be a credit against future premiums due provided that the interest shall accumulate until the premiums are due. If the amount of restitution due to any person is \$50 or more and the insurer wishes to credit it against future premiums, it shall notify such person that she or he may receive a check instead of a credit. If the credit is on a policy which is not renewed, the insurer shall pay the restitution to the person to whom it is due.
- (3) With respect to any knowing and willful violation of a lawful order or rule of the department or a provision of this chapter, the department may impose a fine upon the insurer in an amount not to exceed \$20,000 for each such violation. In no event shall such fine exceed an aggregate amount of \$100,000 for all knowing and willful violations arising out of the same action. In addition to such fines, such insurer shall make restitution when due in accordance with the provisions of subsection (2).
 - (4) The failure of an insurer to make restitution when due

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as required under this section constitutes a willful violation of this chapter. However, if an insurer in good faith is uncertain as to whether any restitution is due or as to the amount of such restitution, it shall promptly notify the department of the circumstances; and the failure to make restitution pending a determination thereof shall not constitute a violation of this chapter.

- 637.2022 Service of process; appointment of Chief Financial Officer as process agent.—
- (1) Each licensed title insurer, whether domestic, foreign, or alien, shall be deemed to have appointed the Chief Financial Officer and her or his successors in department as its attorney to receive service of all legal process issued against it in any civil action or proceeding in this state; and process so served shall be valid and binding upon the insurer.
- (2) Prior to its authorization to transact insurance in this state, each insurer shall file with the department designation of the name and address of the person to whom process against it served upon the Chief Financial Officer is to be forwarded. The insurer may change the designation at any time by a new filing.
- (3) Service of process upon the Chief Financial Officer as the insurer's attorney pursuant to such an appointment shall be the sole method of service of process upon an authorized domestic, foreign, or alien insurer in this state.
 - 637.2023 Serving process.—
- 3135 (1) Service of process upon the Chief Financial Officer as process agent of the title insurer under s. 637.2022 shall be

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made by serving copies in triplicate of the process upon the Chief Financial Officer or upon her or his assistant, deputy, or other person in charge of her or his office. Upon receiving such service, the Chief Financial Officer shall file one copy in her or his office, return one copy with her or his admission of service, and promptly forward one copy of the process by registered or certified mail to the person last designated by the insurer to receive the same, as provided under s. 637.2022(2).

- Officer as an insurer's process agent, the insurer shall not be required to answer or plead except within 20 days after the date upon which the Chief Financial Officer mailed a copy of the process served upon her or him as required by subsection (1).
- (3) Process served upon the Chief Financial Officer and copy thereof forwarded as in this section provided shall for all purposes constitute valid and binding service thereof upon the insurer.
 - 637.2024 Annual statement and other information.
- (1) (a) Each authorized title insurer shall file with the department full and true statements of its financial condition, transactions, and affairs. An annual statement covering the preceding calendar year shall be filed on or before March 1, and quarterly statements covering the periods ending on March 31, June 30, and September 30 shall be filed within 45 days after each such date. The department may, for good cause, grant an extension of time for filing of an annual or quarterly statement. The statements shall contain information generally

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included in insurers' financial statements prepared in accordance with generally accepted insurance accounting principles and practices and in a form generally utilized by insurers for financial statements, sworn to by at least two executive officers of the insurer or, if a reciprocal insurer, by the oath of the attorney in fact or its like officer if a corporation. To facilitate uniformity in financial statements and to facilitate department analysis, the department may by rule adopt the form for financial statements approved by the National Association of Insurance Commissioners in 2002, and may adopt subsequent amendments thereto if the methodology remains substantially consistent, and may by rule require each insurer to submit to the department or such organization as the department may designate all or part of the information contained in the financial statement in a computer-readable form compatible with the electronic data processing system specified by the department.

- (b) The department may by rule require reports or filings required under this chapter to be submitted by electronic means in a computer-readable form compatible with the electronic data processing equipment specified by the department.
- (2) The statement of an alien insurer shall be verified by the insurer's United States manager or other officer duly authorized. It shall be a separate statement, to be known as its general statement, of its transactions, assets, and affairs within the United States unless the department requires otherwise. If the department requires a statement as to the insurer's affairs elsewhere, the insurer shall file such

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statement with the department as soon as reasonably possible.

- (3) At the time of filing, the insurer shall pay the fee for filing its annual statement in the amount specified in s. 637.2031.
- (4) The department may refuse to continue, or may suspend or revoke, the certificate of authority of an insurer failing to file its annual or quarterly statements and accompanying certificates when due.
- (5) In addition to information called for and furnished in connection with its annual or quarterly statements, an insurer shall furnish to the department as soon as reasonably possible such information as to its transactions or affairs as the department may from time to time request in writing. All such information furnished pursuant to the department's request shall be verified by the oath of two executive officers of the insurer or, if a reciprocal insurer, by the oath of the attorney in fact or its like officers if a corporation.
- (6) The signatures of all such persons when written on annual or quarterly statements or other reports required by this section shall be presumed to have been so written by authority of the person whose signature is affixed thereon. The affixing of any signature by anyone other than the purported signer constitutes a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (7) (a) All authorized insurers must have conducted an annual audit by an independent certified public accountant and must file an audited financial report with the department on or before June 1 for the preceding year ending December 31. The

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department may require an insurer to file an audited financial report earlier than June 1 upon 90 days' advance notice to the insurer. The department may immediately suspend an insurer's certificate of authority by order if an insurer's failure to file required reports, financial statements, or information required by this subsection or rule adopted pursuant thereto creates a significant uncertainty as to the insurer's continuing eligibility for a certificate of authority.

- (b) Any authorized insurer otherwise subject to this section having direct premiums written in this state of less than \$1 million in any calendar year and fewer than 1,000 policyholders or certificateholders of directly written policies nationwide at the end of such calendar year is exempt from this section for such year unless the department makes a specific finding that compliance is necessary in order for the department to carry out its statutory responsibilities. However, any insurer having assumed premiums pursuant to contracts or treaties or reinsurance of \$1 million or more is not exempt. Any insurer subject to an exemption must submit by March 1 following the year to which the exemption applies an affidavit sworn to by a responsible officer of the insurer specifying the amount of direct premiums written in this state and number of policyholders or certificateholders.
- (c) The board of directors of an insurer shall hire the certified public accountant that prepares the audit required by this subsection and the board shall establish an audit committee of three or more directors of the insurer or an affiliated company. The audit committee shall be responsible for discussing

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audit findings and interacting with the certified public accountant with regard to her or his findings. The audit committee shall be comprised solely of members who are free from any relationship that, in the opinion of its board of directors, would interfere with the exercise of independent judgment as a committee member. The audit committee shall report to the board any findings of adverse financial conditions or significant deficiencies in internal controls that have been noted by the accountant. The insurer may request the department to waive this requirement of the audit committee membership based upon unusual hardship to the insurer.

- (d) An insurer may not use the same accountant or partner of an accounting firm responsible for preparing the report required by this subsection for more than 7 consecutive years. Following this period, the insurer may not use such accountant or partner for a period of 2 years, but may use another accountant or partner of the same firm. An insurer may request the department to waive this prohibition based upon an unusual hardship to the insurer and a determination that the accountant is exercising independent judgment that is not unduly influenced by the insurer considering such factors as the number of partners, expertise of the partners or the number of insurance clients of the accounting firm; the premium volume of the insurer; and the number of jurisdictions in which the insurer transacts business.
- (e) The department shall adopt rules to implement this subsection, which rules must be in substantial conformity with the 1998 Model Rule Requiring Annual Audited Financial Reports

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adopted by the National Association of Insurance Commissioners, except where inconsistent with the requirements of this subsection. Any exception to, waiver of, or interpretation of accounting requirements of the department must be in writing and signed by an authorized representative of the department. No insurer may raise as a defense in any action, any exception to, waiver of, or interpretation of accounting requirements, unless previously issued in writing by an authorized representative of the department.

637.2025 NAIC filing requirements.-

- (1) Each domestic, foreign, and alien title insurer who is authorized to transact title insurance in this state shall file one extra copy of its annual statement convention blank, along with such additional filings as prescribed by the department for the preceding year. Such extra copy shall be for the explicit purpose of allowing the department to forward it to the National Association of Insurance Commissioners.
- (2) Coincident with the filing of the documents required in subsection (1), each insurer shall pay to the department a reasonable fee to cover the costs associated with the filing and analysis of the documents by the National Association of Insurance Commissioners and the department.
- (3) The provisions of this section shall not apply to any foreign, domestic, or alien insurer which has filed such documents directly with the National Association of Insurance Commissioners if the National Association of Insurance Commissioners has certified receipt of the required documents to the department.

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alien title insurer; report required.—In the event of a change in the controlling capital stock or a change of 50 percent or more of the assets of a foreign or alien title insurer, such insurer shall report such change in writing to the department within 30 days of the effective date thereof. The report shall contain the name and address of the new owner or owners of the controlling stock or assets, the nature and value of the new assets, and such other relevant information as the department may reasonably require. For the purposes of this section, the term "controlling capital stock" means a sufficient number of shares of the issued and outstanding capital stock of such insurer or person so as to give the owner thereof power to exercise a controlling influence over the management or policies of such insurer or person.

637.2027 Withdrawal of title insurer or discontinuance of writing insurance.—

(1) Any title insurer desiring to surrender its certificate of authority, withdraw from this state, or discontinue the writing of title insurance in this state shall give 90 days' notice in writing to the department setting forth its reasons for such action. Any insurer who does not write any premiums within a calendar year shall have title insurance removed from its certificate of authority; however, such line of insurance shall be restored to the insurer's certificate upon the insurer demonstrating that it has available the expertise necessary and meets the other requirements of this chapter to write that line of insurance.

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- (2) If the department determines, based upon its review of the notice and other required information, that the plan of an insurer withdrawing from this state makes adequate provision for the satisfaction of the insurer's obligations and is not hazardous to policyholders or the public, the department shall approve the surrender of the insurer's certificate of authority. The department shall, within 45 days from receipt of a complete notice and all required or requested additional information, approve, disapprove, or approve with conditions the plan submitted by the insurer. Failure to timely take action with respect to the notice shall be deemed an approval of the surrender of the certificate of authority.
- (3) Any insurer withdrawing from this state or discontinuing the writing of insurance in this state shall surrender its certificate of authority.
- (4) This section does not apply to insurers during the calendar year in which they first receive their certificate of authority.
- (5) This section does not apply to insurers who have discontinued writing in accordance with an order issued by the department.
- (6) Notwithstanding subsection (5), any insurer desiring to surrender its certificate of authority, withdraw from this state, or discontinue the writing of insurance in this state is expected to have availed itself of all reasonably available reinsurance. Reasonably available reinsurance shall include unrealized reinsurance, which is defined as reinsurance recoverable on known losses incurred and due under valid

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reinsurance contracts that have not been identified in the normal course of business and have not been reported in financial statements filed with the department. Within 90 days after surrendering its certificate of authority, withdrawing from this state, or discontinuing the writing of any one or multiple kinds or lines of insurance in this state, the insurer shall certify to the department that the insurer has engaged an independent third party to search for unrealized reinsurance, and that the insurer has made all relevant books and records available to such third party. The compensation to such third party may be a percentage of unrealized reinsurance identified and collected.

- (7) The department may adopt rules to administer this section.
- 637.2028 Assets of title insurers; reporting requirements.—
- (1) As used in this section, the term "material acquisition of assets" or "material disposition of assets" means one or more transactions occurring during any 30-day period which are nonrecurring and not in the ordinary course of business and involve more than 5 percent of the reporting title insurer's total admitted assets as reported in its most recent statutory statement filed with the insurance department of the insurer's state of domicile.
- (2) Each domestic title insurer shall file a report with the department disclosing a material acquisition of assets, a material disposition of assets, or a material nonrenewal, cancellation, or revision of a ceded reinsurance agreement,

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unless the material acquisition or disposition of assets or the
material nonrenewal, cancellation, or revision of a ceded
reinsurance agreement has been submitted to the department for
review, approval, or informational purposes under another
section of this chapter or a rule adopted thereunder. A copy of
the report and each exhibit or other attachment must be filed by
the insurer with the National Association of Insurance
Commissioners. The report required in this section is due within
15 days after the end of the calendar month in which the
transaction occurs.

- (3) An immaterial acquisition or disposition of assets need not be reported under this section.
- (4) (a) Acquisitions of assets which are subject to this section include each purchase, lease, exchange, merger, consolidation, succession, or other acquisition of assets. Asset acquisitions for the construction or development of real property by or for the reporting insurer and the acquisition of construction materials for this purpose are not subject to this section.
- (b) Dispositions of assets which are subject to this section include each sale, lease, exchange, merger, consolidation, mortgage, hypothecation, assignment for the benefit of a creditor or otherwise, abandonment, destruction, or other disposition of assets.
- (5) (a) The following information must be disclosed in any report of a material acquisition or disposition of assets:
 - 1. The date of the transaction.
 - 2. The manner of acquisition or disposition.

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3. The description of the assets involved	,	3.	The	description	of	the	assets	involved
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- 4. The nature and amount of the consideration given or received.
 - 5. The purpose of, or reason for, the transaction.
- 6. The manner by which the amount of consideration was determined.
- $\overline{\mbox{7.}}$ The gain or loss recognized or realized as a result of the transaction.
- 8. The name of the person from whom the assets were acquired or to whom they were disposed.
- dispositions on a nonconsolidated basis unless the insurer is part of a consolidated group of insurers which uses a pooling arrangement or a 100-percent reinsurance agreement that affects the solvency and integrity of the insurer's reserves and the insurer has ceded substantially all of its direct and assumed business to the pool. An insurer is deemed to have ceded substantially all of its direct and assumed business to a pool if the insurer has less than \$1 million in total direct and assumed written premiums during a calendar year which are not subject to a pooling arrangement and if the net income of the business which is not subject to the pooling arrangement represents less than 5 percent of the insurer's capital and surplus.
- (6) (a) The following information must be disclosed in any report of a material nonrenewal, cancellation, or revision of a ceded reinsurance agreement:
 - 1. The effective date of the nonrenewal, cancellation, or

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3445 revision.

- 2. The description of the transaction and the identification of the initiator of the transaction.
 - 3. The purpose of, or reason for, the transaction.
- 4. If applicable, the identity of each replacement reinsurer.
 - (b) Insurers shall report the material nonrenewal, cancellation, or revision of a ceded reinsurance agreement on a nonconsolidated basis unless the insurer is part of a consolidated group of insurers which uses a pooling arrangement or a 100-percent reinsurance agreement that affects the solvency and integrity of the insurer's reserves and the insurer has ceded substantially all of its direct and assumed business to the pool. An insurer is deemed to have ceded substantially all of its direct and assumed written premiums during a calendar year which are not subject to a pooling arrangement and if the net income of the business not subject to the pooling arrangement represents less than 5 percent of the insurer's capital and surplus.
 - ceinsurance and in insurance exchanges.—Subject to applicable laws relating to financial institutions and to any other applicable provision of this chapter, any financial institution or aggregation of such institutions may own or control, directly or indirectly, any title insurer which is authorized or approved by the department, which insurer transacts only reinsurance in this state and which actively engages in reinsuring risks

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3473	located in this state. Nothing in this section shall be deemed
3474	to prohibit a financial institution from engaging in any
3475	presently authorized insurance activity.
3476	637.2031 Filing, license, appointment, and miscellaneous
3477	fees.—The department shall collect in advance, and persons so
3478	served shall pay to it in advance, fees, licenses, and
3479	miscellaneous charges as follows:
3480	(1) Certificate of authority of title insurer.
3481	(a) Filing application for original certificate of
3482	authority or modification thereof as a result of a merger,
3483	acquisition, or change of controlling interest due to a sale or
3484	exchange of stock, including all documents required to be filed
3485	therewith, filing fee\$1,500.00
3486	(b) Reinstatement fee\$50.00
3487	(2) Charter documents of insurer.
3488	(a) Filing articles of incorporation or other charter
3489	documents, other than at time of application for original
3490	certificate of authority, filing fee\$10.00

- (b) Filing amendment to articles of incorporation or charter, other than at time of application for original certificate of authority, filing fee....\$5.00
- (c) Filing bylaws, when required, or amendments thereof, filing fee....\$5.00
 - (3) Annual license tax of insurer, each domestic insurer, foreign insurer, and alien insurer (except that, as to fraternal benefit societies insuring less than 200 members in this state and the members of which as a prerequisite to membership possess a physical handicap or disability, such license tax shall be

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BILL PCS HB 853 ORIGINAL YEAR 3501 \$25)....\$1,000.00 3502 (4) Statements of insurer, filing (except when filed as 3503 part of application for original certificate of authority), 3504 filing fees: 3505 Annual statement....\$250.00 (a) 3506 Quarterly statement....\$250.00 (b) 3507 All insurance representatives, application for license, each filing, filing fee....\$50.00 3508 3509 (6) Examination-Fee to cover actual cost of examination. 3510 Temporary license and appointment as agent where (7) expressly provided for, rate of fee for each month of the period 3511 3512 for which the license and appointment is issued....\$5.00 3513 Issuance, reissuance, reinstatement, modification (8) 3514 resulting in a modified license being issued, duplicate copy of 3515 any insurance representative license, or an appointment being 3516 reinstated....\$5.00 3517 (9) Additional appointment continuation fees as prescribed in chapter 626....\$5.00 3518 3519 (10) Filing application for permit to form insurer as 3520 referred to in chapter 628, filing fee....\$25.00 3521 Annual license fee of rating organization, each (11)3522 domestic or foreign organization...\$25.00 3523 (12) Miscellaneous services: 3524 (a) For copies of documents or records on file with the 3525 department,—per page....\$.50 (b) For each certificate of the department, under its 3526 3527 seal, authenticating any document or other instrument (other 3528 than a license or certificate of authority)....\$5.00

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BILL PCS HB 853 **ORIGINAL** YEAR 3529 (c) For preparing lists of agents and other insurance representatives, and for other miscellaneous services, such 3530 3531 reasonable charge as may be fixed by the department. 3532 (d) For processing requests for approval of continuing 3533 education courses, processing fee....\$100.00 3534 (13) Fingerprint processing—Fee to cover fingerprint 3535 processing. 3536 (14) Title insurance agents: 3537 (a) Agent's original appointment or biennial renewal or continuation thereof, each insurer: 3538 Appointment fee....\$42.00 3539 3540 State tax....12.00 3541 County tax....6.00 3542 Total....\$60.00 3543 (b) Agency original appointment or biennial renewal or 3544 continuation thereof, each insurer: 3545 Appointment fee....\$42.00 3546 State tax....12.00 3547 County tax....6.00 Total....\$60.00 3548 3549 Filing for title insurance agent's license: 3550 Application for filing, each filing, filing fee....\$10.00 3551 (d) Additional appointment continuation fee as prescribed 3552 by s. 637.3015....\$5.00 3553 Title insurer and title insurance agency 3554 administrative surcharge: 1. On or before January 30 of each calendar year, each 3555

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title insurer shall pay to the department for each licensed

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- title insurance agency appointed by the title insurer and for each retail office of the insurer on January 1 of that calendar year an administrative surcharge of \$200.00.
- 2. On or before January 30 of each calendar year, each licensed title insurance agency shall remit to the department an administrative surcharge of \$200.00.

The administrative surcharge may be used solely to defray the costs to the department in their examination or audit of title insurance agencies and retail offices of title insurers and to gather title insurance data for statistical purposes to be furnished to and used by the department in its regulation of title insurance.

- (15) Late filing of appointment renewals for agents, adjusters, and other insurance representatives, each appointment...\$20.00
- 637.2032 Advance collection of fees and taxes; title insurers not to pay without reimbursement.—
- (1) The department shall collect in advance from the applicant or licensee fees and taxes as provided in s. 637.2031.
- without reimbursement from a title insurance agent any appointment fee required under this section. The failure of a title insurance agent to make reimbursement is not a ground for cancellation of the title insurance agent's appointment by the title insurer.
- 3583 <u>637.2033 Service of process fee.—In all instances as</u> 3584 provided in any section of this chapter and s. 48.151(3) in

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which service of process is authorized to be made upon the Chief Financial Officer, the plaintiff shall pay to the department a fee of \$15 for such service of process, which fee shall be deposited into the Title Insurance Regulatory Trust Fund.

637.2034 Liability for state, county tax.—Each authorized title insurer that uses insurance agents in this state shall be liable for and shall pay the state and county taxes required therefor under s. 637.2031 or s. 637.2035.

637.2035 County tax; determination; additional offices; nonresident agents.—

- (1) The county tax provided for under s. 637.2031 as to an agent shall be paid by each title insurer for each agent only for the county where the agent resides, or if such agent's place of business is located in a county other than that of her or his residence, then for the county wherein is located such place of business. If an agent maintains an office or place of business in more than one county, the tax shall be paid for her or him by each such insurer for each county wherein the agent represents such insurer and has a place of business. When under this subsection an insurer is required to pay county tax for an agent for a county or counties other than the agent's county of residence, the insurer shall designate the county or counties for which the taxes are paid.
- (2) A county tax of \$3 per year shall be paid by each insurer for each county in this state in which an agent who resides outside of this state represents and engages in person in the activities of an agent for the insurer. This provision shall not be deemed to authorize any activities by an agent

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which are otherwise prohibited under this chapter.

- 637.2036 County tax; deposit and remittance.
- (1) The department shall deposit in the Agents County Tax

 Trust Fund all moneys accepted as county tax under this chapter.

 She or he shall keep a separate account for all moneys so

 collected for each county and, after deducting therefrom the

 service charges provided for in s. 215.20, shall remit the

 balance to the counties.
- (2) The payment and collection of county tax under this chapter shall be in lieu of collection thereof by the respective county tax collectors.
- (3) The Chief Financial Officer shall annually, as of January 1 following the date of collection, and thereafter at such other times as she or he may elect, draw her or his warrants on the State Treasury payable to the respective counties entitled to receive the same for the full net amount of such taxes to each county.
- 637.2037 Municipal tax.—Municipal corporations may require a tax of title insurance agents not to exceed 50 percent of the state tax specified as to such agents under this chapter, and unless otherwise authorized by law. Such a tax may be required only by a municipal corporation within the boundaries of which is located the agent's business office, or if no such office is required under this chapter, by the municipal corporation of the agent's place of residence.
 - 637.2038 Insurer's license tax; when payable.—
- 3639 (1) The title insurer's license tax provided for in s.
 3640 637.2031(3) shall be paid by an insurer newly applying for a

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certificate of authority to transact insurance in this state
prior to and contingent upon the issuance of its original
certificate of authority. If the certificate of authority is not
issued, the license tax payment shall be refunded to the
insurer. The license tax so paid by a newly authorized insurer
shall cover the period expiring on the June 1 following the date
of its original certificate of authority.

- (2) Each authorized title insurer shall pay the license tax annually on or before June 1.
 - 637.2039 Premium tax; rate and computation.-
- (1) In addition to the license taxes provided for in this chapter, each title insurer shall also annually, and on or before March 1 in each year, pay to the Department of Revenue a tax on premiums for title insurance received during the preceding calendar year an amount equal to 1.75 percent of the gross amount of such receipts on account of all policies and covering property, subjects, or risks located, resident, or to be performed in this state, omitting premiums on reinsurance accepted, and less return premiums or assessments, but without deductions:
 - (a) For reinsurance ceded to other insurers;
- (b) For moneys paid upon surrender of policies or certificates for cash surrender value.
- (2) Payment by the insurer of the license taxes and premium receipts taxes provided for in this chapter is a condition precedent to doing business within this state.
- (3) Notwithstanding other provisions of law, the distribution of the premium tax and any penalties or interest

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collected thereunder shall be made to the General Revenue Fund in accordance with rules adopted by the Department of Revenue and approved by the Administration Commission.

- emergency excise tax imposed under chapter 220 and the emergency excise tax imposed under chapter 221 which are paid by any insurer shall be credited against, and to the extent thereof shall discharge, the liability for tax imposed by this section for the annual period in which such tax payments are made. For purposes of this subsection, payments of estimated income tax under chapter 220 and of estimated emergency excise tax under chapter 221 shall be deemed paid at the time the insurer actually files its annual returns under chapter 220 or at the time such returns are required to be filed, whichever first occurs, and not at such earlier time as such payments of estimated tax are actually made.
- (5) (a) 1. There shall be allowed a credit against the net tax imposed by this section equal to 15 percent of the amount paid by an insurer in salaries to employees located or based within this state and who are covered by the provisions of chapter 443.
- 2. As an alternative to the credit allowed in subparagraph

 1., an affiliated group of corporations which includes at least
 one insurance company writing premiums in this state may elect
 to take a credit against the net tax imposed by this section in
 an amount that may not exceed 15 percent of the salary of the
 employees of the affiliated group of corporations who perform
 insurance-related activities, are located or based within this
 state, and are covered by chapter 443. For purposes of this

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3697	subparagraph, the term "affiliated group of corporations" means
3698	two or more corporations that are entirely owned directly or
3699	indirectly by a single corporation and that constitute an
3700	affiliated group as defined in s. 1504(a) of the Internal
3701	Revenue Code. The amount of credit allowed under this
3702	subparagraph is limited to the combined Florida salary tax
3703	credits allowed for all insurance companies that were members of
3704	the affiliated group of corporations for the tax year ending
3705	December 31, 2002, divided by the combined Florida taxable
3706	premiums written by all insurance companies that were members of
3707	the affiliated group of corporations for the tax year ending
3708	December 31, 2002, multiplied by the combined Florida taxable
3709	premiums of the affiliated group of corporations for the current
3710	year. An affiliated group of corporations electing this
3711	alternative calculation method must make such election on or
3712	before August 1, 2005. The election of this alternative
3713	calculation method is irrevocable and binding upon successors
3714	and assigns of the affiliated group of corporations electing
3715	this alternative. However, if a member of an affiliated group of
3716	corporations acquires or merges with another insurance company
3717	after the date of the irrevocable election, the acquired or
3718	merged company is not entitled to the affiliated group election
3719	and shall only be entitled to calculate the tax credit under
3720	subparagraph 1.
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3722	In no event shall the salary paid to an employee by an
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0 / 2 0	affiliated group of corporations be claimed as a credit by more

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calculation of the credit as described in subparagraph 1. or subparagraph 2. Only the portion of an employee's salary paid for the performance of insurance-related activities may be included in the calculation of the premium tax credit in this subsection.

- (b) For purposes of this subsection:
- 1. The term "salaries" does not include amounts paid as commissions.
- 2. The term "employees" does not include independent contractors or any person whose duties require that the person hold a valid license under the Florida Insurance Code, except adjusters, managing general agents, and service representatives, as defined in s. 626.015.
- 3. The term "net tax" means the tax imposed by this section after applying the calculations and credits set forth in subsection (4).
- 4. An affiliated group of corporations that created a service company within its affiliated group on July 30, 2002, shall allocate the salary of each service company employee covered by contracts with affiliated group members to the companies for which the employees perform services. The salary allocation is based on the amount of time during the tax year that the individual employee spends performing services or otherwise working for each company over the total amount of time the employee spends performing services or otherwise working for all companies. The total amount of salary allocated to an insurance company within the affiliated group shall be included as that insurer's employee salaries for purposes of this

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3753 <u>section.</u>

- a. Except as provided in subparagraph (a)2., the term

 "affiliated group of corporations" means two or more

 corporations that are entirely owned by a single corporation and that constitute an affiliated group of corporations as defined in s. 1504(a) of the Internal Revenue Code.
- b. The term "service company" means a separate corporation within the affiliated group of corporations whose employees provide services to affiliated group members and which are treated as service company employees for unemployment compensation and common law purposes. The holding company of an affiliated group may not qualify as a service company. An insurance company may not qualify as a service company.
- c. If an insurance company fails to substantiate, whether by means of adequate records or otherwise, its eligibility to claim the service company exception under this section, or its salary allocation under this section, no credit shall be allowed.
- 5. A service company that is a subsidiary of a mutual insurance holding company, which mutual insurance holding company was in existence on or before January 1, 2000, shall allocate the salary of each service company employee covered by contracts with members of the mutual insurance holding company system to the companies for which the employees perform services. The salary allocation is based on the ratio of the amount of time during the tax year which the individual employee spends performing services or otherwise working for each company to the total amount of time the employee spends performing

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amount of salary allocated to an insurance company within the mutual insurance holding company system shall be included as that insurer's employee salaries for purposes of this section.

However, this subparagraph does not apply for any tax year unless funds sufficient to offset the anticipated salary credits have been appropriated to the General Revenue Fund prior to the due date of the final return for that year.

- a. The term "mutual insurance holding company system"

 means two or more corporations that are subsidiaries of a mutual insurance holding company and in compliance with part IV of chapter 628.
- b. The term "service company" means a separate corporation within the mutual insurance holding company system whose employees provide services to other members of the mutual insurance holding company system and are treated as service company employees for unemployment compensation and common-law purposes. The mutual insurance holding company may not qualify as a service company.
- c. If an insurance company fails to substantiate, whether by means of adequate records or otherwise, its eligibility to claim the service company exception under this section, or its salary allocation under this section, no credit shall be allowed.
- (c) The department may adopt rules pursuant to ss. 120.536(1) and 120.54 to administer this subsection.
- 3807 (6) (a) The total of the credit granted for the taxes paid
 3808 by the insurer under chapters 220 and 221 and the credit granted

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by subsection (5) shall not exceed 65 percent of the tax due under subsection (1) after deducting therefrom the taxes paid by the insurer under ss. 175.101 and 185.08 and any assessments pursuant to s. 440.51.

- To the extent that any credits granted by subsection (5) remain as a result of the limitation set forth in paragraph (a), such excess credits related to salaries and wages of employees whose place of employment is located within an enterprise zone created pursuant to chapter 290 may be transferred, in an aggregate amount not to exceed 25 percent of such excess salary credits, to any insurer that is a member of an affiliated group of corporations, as defined in subsubparagraph (5)(b)4.a., that includes the original insurer qualifying for the credits under subsection (5). The amount of such excess credits to be transferred shall be calculated by multiplying the amount of such excess credits by a fraction, the numerator of which is the sum of the salaries qualifying for the credit allowed by subsection (5) of employees whose place of employment is located in an enterprise zone and the denominator of which is the sum of the salaries qualifying for the credit allowed by subsection (5). Any such transferred credits shall be subject to the same provisions and limitations set forth within this chapter. The provisions of this paragraph do not apply to an affiliated group of corporations that participate in a common paymaster arrangement as defined in s. 443.1216.
- (7) Credits and deductions against the tax imposed by this section shall be taken in the following order: deductions for assessments made pursuant to s. 440.51; credits for taxes paid

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under ss. 175.101 and 185.08; credits for income taxes paid under chapter 220, the emergency excise tax paid under chapter 221 and the credit allowed under subsection (5), as these credits are limited by subsection (6); all other available credits and deductions.

- (8) As used in this section "insurer" includes any entity subject to the tax imposed by this section.
 - 637.2041 Retaliatory provision, insurers.-
- (1) (a) When by or pursuant to the laws of any other state or foreign country any taxes, licenses, and other fees, in the aggregate, and any fines, penalties, deposit requirements, or other material obligations, prohibitions, or restrictions are or would be imposed upon title insurers in this state or upon the agents or representatives of such insurers, which are in excess of such taxes, licenses, and other fees, in the aggregate, or which are in excess of the fines, penalties, deposit requirements, or other obligations, prohibitions, or restrictions directly imposed upon similar insurers, or upon the agents or representatives of such insurers, of such other state or country under the statutes of this state, so long as such laws of such other state or country continue in force or are so applied, the same taxes, licenses, and other fees, in the aggregate, or fines, penalties, deposit requirements, or other material obligations, prohibitions, or restrictions of whatever kind shall be imposed by the Department of Revenue upon the insurers, or upon the agents or representatives of such insurers, of such other state or country doing business or seeking to do business in this state. In determining the taxes

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to be imposed under this section, 80 percent and a portion of the remaining 20 percent as provided in paragraph (b) of the credit provided by s. 637.2039(5), as limited by s. 637.2039(6) and further determined by s. 637.2039(7), shall not be taken into consideration.

- (b) As used in this subsection, the term "portion of the remaining 20 percent" shall be calculated by multiplying the remaining 20 percent by a fraction, the numerator of which is the sum of the salaries qualifying for the credit allowed by s. 637.2039(5) of employees whose place of employment is located in an enterprise zone created pursuant to chapter 290 and the denominator of which is the sum of the salaries qualifying for the credit allowed by s. 637.2039(5).
- (2) Any tax, license, or other obligation imposed by any city, county, or other political subdivision or agency of a state, jurisdiction, or foreign country on Florida title insurers or their agents or representatives shall be deemed to be imposed by such state, jurisdiction, or foreign country within the meaning of subsection (1).
- (3) This section does not apply as to personal income taxes, nor as to sales or use taxes, nor as to ad valorem taxes on real or personal property, nor as to reimbursement premiums paid to the Florida Hurricane Catastrophe Fund, nor as to emergency assessments paid to the Florida Hurricane Catastrophe Fund, nor as to special purpose obligations or assessments imposed in connection with particular kinds of insurance other than property insurance, except that deductions, from premium taxes or other taxes otherwise payable, allowed on account of

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real estate or personal property taxes paid shall be taken into consideration by the department in determining the propriety and extent of retaliatory action under this section.

- is an insurer with identical premiums, personnel, and property to that of the alien or foreign insurer's Florida premiums, personnel, and property. The similar insurer's premiums, personnel, and property shall be used to calculate any taxes, licenses, other fees, in the aggregate, or any fines, penalties, deposit requirements, or other material obligations, prohibitions, or restrictions that are or would be imposed under the laws of this state and under the law of the foreign or alien insurer's state of domicile.
- (5) The excess amount of all fees, licenses, and taxes collected by the Department of Revenue under this section over the amount of similar fees, licenses, and taxes provided for in this part, together with all fines, penalties, or other monetary obligations collected under this section exclusive of such fees, licenses, and taxes, shall be deposited by the Department of Revenue to the credit of the Title Insurance Regulatory Trust Fund; provided that such excess amount shall not exceed \$125,000 for 1992, and for any subsequent year shall not exceed \$125,000 adjusted annually by the lesser of 20 percent or the growth in the total of such excess amount. The remainder of such excess amount shall be deposited into the General Revenue Fund.
 - 637.2042 Administration of taxes; payments.—
- 3919 (1) The Department of Revenue shall administer, audit, and enforce the assessment and collection of those taxes to which

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this section is applicable. The department and division may share information with the Department of Revenue as necessary to verify premium tax or other tax liability arising under such taxes and credits which may apply thereto.

- (2) (a) Installments of the taxes to which this section is applicable shall be due and payable on April 15, June 15, and October 15 in each year, based upon the estimated gross amount of receipts of insurance premiums or assessments received during the immediately preceding calendar quarter. A final payment of tax due for the year shall be made at the time the taxpayer files her or his return for such year. On or before March 1 in each year, an annual return shall be filed showing, by quarters, the gross amount of receipts taxable for the preceding year and the installment payments made during that year.
- (b) Any taxpayer who fails to report and timely pay any installment of tax, who estimates any installment of tax to be less than 90 percent of the amount finally shown to be due in any quarter, or who fails to report and timely pay any tax due with the final return is in violation of this section and is subject to a penalty of 10 percent on any underpayment of taxes or delinquent taxes due and payable for that quarter or on any delinquent taxes due and payable with the final return. Any taxpayer paying, for each installment required in this section, 27 percent of the amount of the net tax due as reported on her or his return for the preceding year shall not be subject to the penalty provided by this section for underpayment of estimated taxes.
 - (c) When any taxpayer fails to pay any amount due under

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this section, or any portion thereof, on or before the day when
such tax or installment of tax is required by law to be paid,
there shall be added to the amount due interest at the rate of
12 percent per year from the date due until paid.

- (d) All penalties and interest imposed on those taxes to which this section is applicable shall be payable to and collectible by the Department of Revenue in the same manner as if they were a part of the tax imposed.
- (e) The Department of Revenue may settle or compromise any such interest or penalties imposed on those taxes to which this section is applicable pursuant to s. 213.21.
- (3) This section is applicable to taxes imposed by ss. 629.5100, 637.2039, and 637.2046.
 - 637.2043 Adjustments.-
- income tax liability under chapter 220, or the taxpayer receives a refund of its workers' compensation administrative assessment paid under chapter 440, the taxpayer shall file an amended insurance premium tax return not later than 60 days after such an occurrence.
- (2) If an amended insurance premium tax return is required under subsection (1), notwithstanding any other provision of s. 95.091(3):
- (a) A notice of deficiency may be issued at any time within 3 years after the date the amended insurance premium tax return is given; or
- 3975 (b) If a taxpayer fails to file an amended insurance
 3976 premium tax return, a notice of deficiency may be issued at any

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3977 time.

The amount of any proposed assessment set forth in such a notice of deficiency shall be limited to the amount of any deficiency resulting under this chapter from recomputation of the taxpayer's insurance premium tax and retaliatory tax for the taxable year after giving effect only to the change in corporate income tax paid and the change in the amount of the workers' compensation administrative assessment paid. Interest in accordance with s. 637.2042 is due on the amount of any deficiency from the date fixed for filing the original insurance premium tax return for the taxable year until the date of

- (3) If an amended insurance premium tax return is required by subsection (1), a claim for refund may be filed within 2 years after the date on which the amended insurance premium tax return was due, regardless of whether such notice was given, notwithstanding any other provision of s. 215.26. However, the amount recoverable pursuant to such a claim shall be limited to the amount of any overpayment resulting under this chapter from recomputation of the taxpayer's insurance premium tax and retaliatory tax for the taxable year after giving effect only to the change in corporate income tax paid and the change in the amount of the workers' compensation administrative assessment paid.
 - 637.2046 Tax statement; overpayments.-
- 4003 (1) Tax returns as to taxes mentioned in s. 637.2039 shall 4004 be made by insurers on forms to be prescribed by the Department

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CODING: Words stricken are deletions; words underlined are additions.

payment of the deficiency.

of Revenue and shall be sworn to by one or more of the executive officers or attorney, if a reciprocal insurer, of the insurer making the returns.

- (2) Notwithstanding the provisions of s. 215.26(1), if any insurer makes an overpayment on account of taxes due under s. 637.2039, a refund of the overpayment of taxes shall be made out of the General Revenue Fund. Overpayment of taxes due under s. 637.2039 shall be refunded no sooner than the first day of the state fiscal year following the date the tax was due.
- (3) (a) If it appears, upon examination of an insurance premium tax return made under this chapter, that an amount of insurance premium tax has been paid in excess of the amount due, the Department of Revenue may refund the amount of the overpayment to the taxpayer by a warrant of the Chief Financial Officer. The Department of Revenue may refund the overpayment without regard to whether the taxpayer has filed a written claim for a refund; however, the Department of Revenue may request that the taxpayer file a statement affirming that the taxpayer made the overpayment.
- (b) Notwithstanding paragraph (a), a refund of the insurance premium tax may not be made, and a taxpayer is not entitled to bring an action for a refund of the insurance premium tax, after the period specified in s. 215.26(2) has elapsed.
- (c) If a refund issued by the Department of Revenue under this subsection is found to exceed the amount of refund legally due to the taxpayer, the provisions of s. 637.2042 concerning penalties and interest do not apply if the taxpayer reimburses

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the department for any overpayment within 60 days after the taxpayer is notified that the overpayment was made.

637.2047 Preemption by state.

- (1) This state hereby preempts the field of imposing excise, privilege, franchise, income, license, permit, registration, and similar taxes and fees, measured by premiums, income, or volume of transactions, upon insurers and their agents and other representatives; and a county, city, municipality, district, school district, or other political subdivision or agency in this state may not impose, levy, charge, or require the same, subject however to the provisions of subsection (2).
- (2) This section shall not be construed to limit or modify the power of any incorporated city or town to levy the taxes authorized by ss. 175.101 and 185.08 or the power of any special fire control district to levy the taxes authorized by s. 175.101.
- 637.2048 Deposit of certain tax receipts; refund of improper payments.—
- (1) The Department of Financial Services shall promptly deposit in the State Treasury to the credit of the Title Insurance Regulatory Trust Fund all "state tax" portions of agents' licenses collected under s. 637.2031. All moneys received by the department not in accordance with the provisions of this chapter or not in the exact amount as specified by the applicable provisions of this chapter shall be returned to the remitter. The records of the department shall show the date and reason for such return.

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- (2) The Department of Revenue shall promptly deposit into the Department of Revenue Premium Tax Clearing Trust Fund all premium taxes collected according to s. 637.2039. Such taxes shall be distributed on an estimated basis within 15 days after receipt by the Department of Revenue. Such distribution shall be adjusted pursuant to an audit by the Department of Revenue.
- Section 9. Section 627.778, Florida Statutes, is transferred, renumbered as section 637.20485, Florida Statutes, and subsection (2) of that section is amended to read:
 - 637.20485 627.778 Limit of risk.—
- (2) Surplus as to policyholders shall be determined from the last annual statement of the insurer filed under s. $\underline{637.2024}$ $\underline{624.424}$.
- Section 10. Sections 637.2049, 637.20495, 637.2051, 637.2053, 637.2054, 637.2055, 637.2056, and 637.2057, Florida Statutes, are created to read:
- 4077 637.2049 Reinsurance.-
 - (1) The purpose of this section is to protect the interests of insureds, claimants, ceding insurers, assuming insurers, and the public. It is the intent of the Legislature to ensure adequate regulation of insurers and reinsurers and adequate protection for those to whom they owe obligations. In furtherance of that state interest, the Legislature requires that upon the insolvency of a non-United States insurer or reinsurer which provides security to fund its United States obligations in accordance with this section, such security shall be maintained in the United States and claims shall be filed with and valued by the state insurance regulator with regulatory

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with the insurance laws of the state in which the trust is domiciled that are applicable to the liquidation of domestic United States insurance companies. The Legislature declares that the matters contained in this section are fundamental to the business of insurance in accordance with 15 U.S.C. ss. 1011-1012.

- insurer as either an asset or a deduction from liability on account of reinsurance ceded only when the reinsurer meets the requirements of paragraph (3)(a), paragraph (3)(b), or paragraph (3)(c). Credit must be allowed under paragraph (3)(a) or paragraph (3)(b) only for cessions of those kinds or lines of business that the assuming insurer is licensed, authorized, or otherwise permitted to write or assume in its state of domicile or, in the case of a United States branch of an alien assuming insurer, in the state through which it is entered and licensed or authorized to transact insurance or reinsurance.
- (3) (a) Credit must be allowed when the reinsurance is ceded to an assuming insurer that is authorized to transact insurance or reinsurance in this state.
- (b)1. Credit must be allowed when the reinsurance is ceded to an assuming insurer that is accredited as a reinsurer in this state. An accredited reinsurer is one that:
- a. Files with the department evidence of its submission to this state's jurisdiction.
- b. Submits to this state's authority to examine its books and records.

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	C.	Is	licen	sed or	aut!	horized	d to	tra	nsact	ins	suranc	ce or	
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- d. Files annually with the department a copy of its annual statement filed with the insurance department of its state of domicile any quarterly statements if required by its state of domicile or such quarterly statements if specifically requested by the department, and a copy of its most recent audited financial statement.
- (I) Maintains a surplus as regards policyholders in an amount not less than \$20 million and whose accreditation has not been denied by the department within 90 days after its submission; or
- (II) Maintains a surplus as regards policyholders in an amount not less than \$20 million and whose accreditation has been approved by the department.
- 2. The department may deny or revoke an assuming insurer's accreditation if the assuming insurer does not submit the required documentation pursuant to subparagraph 1., if the assuming insurer fails to meet all of the standards required of an accredited reinsurer, or if the assuming insurer's accreditation would be hazardous to the policyholders of this state. In determining whether to deny or revoke accreditation, the department may consider the qualifications of the assuming insurer with respect to all the following subjects:
 - a. Its financial stability.

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- b. The lawfulness and quality of its investments.
- c. The competency, character, and integrity of its management.
 - d. The competency, character, and integrity of persons who own or have a controlling interest in the assuming insurer.
 - e. Whether claims under its contracts are promptly and fairly adjusted and are promptly and fairly paid in accordance with the law and the terms of the contracts.
 - 3. Credit must not be allowed a ceding insurer if the assuming insurer's accreditation has been revoked by the department after notice and the opportunity for a hearing.
 - 4. The actual costs and expenses incurred by the department to review a reinsurer's request for accreditation and subsequent reviews must be charged to and collected from the requesting reinsurer. If the reinsurer fails to pay the actual costs and expenses promptly when due, the department may refuse to accredit the reinsurer or may revoke the reinsurer's accreditation.
 - (c) 1. Credit must be allowed when the reinsurance is ceded to an assuming insurer that maintains a trust fund in a qualified United States financial institution, as defined in paragraph (5)(b), for the payment of the valid claims of its United States ceding insurers and their assigns and successors in interest. To enable the department to determine the sufficiency of the trust fund, the assuming insurer shall report annually to the department information substantially the same as that required to be reported on the NAIC Annual Statement form by authorized insurers. The assuming insurer shall submit to

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- examination of its books and records by the department and bear the expense of examination.
- 2.a. Credit for reinsurance must not be granted under this subsection unless the form of the trust and any amendments to the trust have been approved by:
- (I) The insurance regulator of the state in which the trust is domiciled; or
- (II) The insurance regulator of another state who, pursuant to the terms of the trust instrument, has accepted principal regulatory oversight of the trust.
- b. The form of the trust and any trust amendments must be filed with the insurance regulator of every state in which the ceding insurer beneficiaries of the trust are domiciled. The trust instrument must provide that contested claims are valid and enforceable upon the final order of any court of competent jurisdiction in the United States. The trust must vest legal title to its assets in its trustees for the benefit of the assuming insurer's United States ceding insurers and their assigns and successors in interest. The trust and the assuming insurer are subject to examination as determined by the insurance regulator.
- c. The trust remains in effect for as long as the assuming insurer has outstanding obligations due under the reinsurance agreements subject to the trust. No later than February 28 of each year, the trustee of the trust shall report to the insurance regulator in writing the balance of the trust and list the trust's investments at the preceding year end, and shall certify that the trust will not expire prior to the following

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- 3. The following requirements apply to the following categories of assuming insurer:
- 4204 The trust fund for a single assuming insurer consists 4205 of funds in trust in an amount not less than the assuming 4206 insurer's liabilities attributable to reinsurance ceded by 4207 United States ceding insurers, and, in addition, the assuming 4208 insurer shall maintain a trusteed surplus of not less than \$20 4209 million. Not less than 50 percent of the funds in the trust 4210 covering the assuming insurer's liabilities attributable to 4211 reinsurance ceded by United States ceding insurers and trusteed 4212 surplus shall consist of assets of a quality substantially 4213 similar to that required in part II of chapter 625. Clean, 4214 irrevocable, unconditional, and evergreen letters of credit, 4215 issued or confirmed by a qualified United States financial 4216 institution, as defined in paragraph (5)(a), effective no later 4217 than December 31 of the year for which the filing is made and in 4218 the possession of the trust on or before the filing date of its 4219 annual statement, may be used to fund the remainder of the trust 4220 and trusteed surplus.
 - b.(I) In the case of a group including incorporated and individual unincorporated underwriters:
 - (A) For reinsurance ceded under reinsurance agreements with an inception, amendment, or renewal date on or after August 1, 1995, the trust consists of a trusteed account in an amount not less than the group's several liabilities attributable to business ceded by United States domiciled ceding insurers to any member of the group.

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- (B) For reinsurance ceded under reinsurance agreements with an inception date on or before July 31, 1995, and not amended or renewed after that date, notwithstanding the other provisions of this section, the trust consists of a trusteed account in an amount not less than the group's several insurance and reinsurance liabilities attributable to business written in the United States.
- (C) In addition to these trusts, the group shall maintain in trust a trusteed surplus of which \$100 million must be held jointly for the benefit of the United States domiciled ceding insurers of any member of the group for all years of account.
- (II) The incorporated members of the group must not be engaged in any business other than underwriting of a member of the group, and are subject to the same level of regulation and solvency control by the group's domiciliary regulator as the unincorporated members.
- due to be filed with the group's domiciliary regulator, the group shall provide to the insurance regulator an annual certification by the group's domiciliary regulator of the solvency of each underwriter member or, if a certification is unavailable, financial statements, prepared by independent public accountants, of each underwriter member of the group.
- (d) Credit must be allowed when the reinsurance is ceded to an assuming insurer not meeting the requirements of paragraph (a), paragraph (b), or paragraph (c), but only as to the insurance of risks located in jurisdictions in which the reinsurance is required to be purchased by a particular entity

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by applicable law or regulation of that jurisdiction.

- (e) If the reinsurance is ceded to an assuming insurer not meeting the requirements of paragraph (a), paragraph (b), paragraph (c), or paragraph (d), the department may allow credit, but only if the assuming insurer holds surplus in excess of \$100 million and has a secure financial strength rating from at least two nationally recognized statistical rating organizations deemed acceptable by the department. In determining whether credit should be allowed, the department shall consider the following:
- $\underline{\mbox{1.}}$ The domiciliary regulatory jurisdiction of the assuming insurer.
- 2. The structure and authority of the domiciliary regulator with regard to solvency regulation requirements and the financial surveillance of the reinsurer.
- 3. The substance of financial and operating standards for reinsurers in the domiciliary jurisdiction.
- 4. The form and substance of financial reports required to be filed by the reinsurers in the domiciliary jurisdiction or other public financial statements filed in accordance with generally accepted accounting principles.
- 5. The domiciliary regulator's willingness to cooperate with United States regulators in general and the department in particular.
- 6. The history of performance by reinsurers in the domiciliary jurisdiction.
- 4283 7. Any documented evidence of substantial problems with
 4284 the enforcement of valid United States judgments in the

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domiciliary jurisdiction.

- 8. Any other matters deemed relevant by the department.

 The department shall give appropriate consideration to insurer group ratings that may have been issued. The department may, in lieu of granting full credit under this subsection, reduce the amount required to be held in trust under paragraph (c).
- (f) If the assuming insurer is not authorized or accredited to transact insurance or reinsurance in this state pursuant to paragraph (a) or paragraph (b), the credit permitted by paragraph (c) or paragraph (d) must not be allowed unless the assuming insurer agrees in the reinsurance agreements:
- 1.a. That in the event of the failure of the assuming insurer to perform its obligations under the terms of the reinsurance agreement, the assuming insurer, at the request of the ceding insurer, shall submit to the jurisdiction of any court of competent jurisdiction in any state of the United States, will comply with all requirements necessary to give the court jurisdiction, and will abide by the final decision of the court or of any appellate court in the event of an appeal.
- b. To designate the Chief Financial Officer, pursuant to s. 48.151, or a designated attorney as its true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the ceding company.
- 2. This paragraph is not intended to conflict with or override the obligation of the parties to a reinsurance agreement to arbitrate their disputes, if this obligation is created in the agreement.

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- (g) If the assuming insurer does not meet the requirements
 of paragraph (a) or paragraph (b), the credit permitted by
 paragraph (c) or paragraph (d) is not allowed unless the
 assuming insurer agrees in the trust agreements, in substance,
 to the following conditions:
- 1. Notwithstanding any other provisions in the trust instrument, if the trust fund is inadequate because it contains an amount less than the amount required by paragraph (c), or if the grantor of the trust has been declared insolvent or placed into receivership, rehabilitation, liquidation, or similar proceedings under the laws of its state or country of domicile, the trustee shall comply with an order of the insurance regulator with regulatory oversight over the trust or with an order of a United States court of competent jurisdiction directing the trustee to transfer to the insurance regulator with regulatory oversight all of the assets of the trust fund.
- 2. The assets must be distributed by and claims must be filed with and valued by the insurance regulator with regulatory oversight in accordance with the laws of the state in which the trust is domiciled which are applicable to the liquidation of domestic insurance companies.
- 3. If the insurance regulator with regulatory oversight determines that the assets of the trust fund or any part thereof are not necessary to satisfy the claims of the United States ceding insurers of the grantor of the trust, the assets or part thereof must be returned by the insurance regulator with regulatory oversight to the trustee for distribution in accordance with the trust agreement.

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- 4. The grantor shall waive any right otherwise available to it under United States law which is inconsistent with this provision.
- (4) An asset allowed or a deduction from liability taken for the reinsurance ceded by an insurer to an assuming insurer not meeting the requirements of subsections (2) and (3) is allowed in an amount not exceeding the liabilities carried by the ceding insurer. The deduction must be in the amount of funds held by or on behalf of the ceding insurer, including funds held in trust for the ceding insurer, under a reinsurance contract with the assuming insurer as security for the payment of obligations thereunder, if the security is held in the United States subject to withdrawal solely by, and under the exclusive control of, the ceding insurer, or, in the case of a trust, held in a qualified United States financial institution, as defined in paragraph (5) (b). This security may be in the form of:
 - (a) Cash in United States dollars;
- (b) Securities listed by the Securities Valuation Office of the National Association of Insurance Commissioners and qualifying as admitted assets pursuant to part II of chapter 625;
- (c) Clean, irrevocable, unconditional letters of credit, issued or confirmed by a qualified United States financial institution, as defined in paragraph (5)(a), effective no later than December 31 of the year for which the filing is made, and in the possession of, or in trust for, the ceding company on or before the filing date of its annual statement; or
 - (d) Any other form of security acceptable to the

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- (5) (a) For purposes of paragraph (4) (c) regarding letters of credit, a "qualified United States financial institution" means an institution that:
- 1. Is organized or, in the case of a United States

 department of a foreign banking organization, is licensed under
 the laws of the United States or any state thereof;
- 2. Is regulated, supervised, and examined by United States or state authorities having regulatory authority over banks and trust companies; and
- 3. Has been determined by either the department or the Securities Valuation Office of the National Association of Insurance Commissioners to meet such standards of financial condition and standing as are considered necessary and appropriate to regulate the quality of financial institutions whose letters of credit will be acceptable to the department.
- (b) For purposes of those provisions of this law which specify institutions that are eligible to act as a fiduciary of a trust, a "qualified United States financial institution" means an institution that is a member of the Federal Reserve System or that has been determined by the department to meet the following criteria:
- 1. Is organized or, in the case of a United States branch or agency department of a foreign banking organization, is licensed under the laws of the United States or any state thereof and has been granted authority to operate with fiduciary powers; and
 - 2. Is regulated, supervised, and examined by federal or

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state authorities having regulatory authority over banks and trust companies.

- (6) After notice and an opportunity for a hearing, the department may disallow any credit that it finds would be contrary to the proper interests of the policyholders or stockholders of a ceding domestic insurer.
- reinsurance otherwise complying with this section only when the reinsurance is payable by the assuming insurer on the basis of the liability of the ceding insurer under the contract or contracts reinsured without diminution because of the insolvency of the ceding insurer. Such credit must be allowed to the ceding insurer for reinsurance otherwise complying with this section only when the reinsurance agreement provides that payments by the assuming insurer will be made directly to the ceding insurer or its receiver, except when:
- (a) The reinsurance contract specifically provides payment to the named insured, assignee, or named beneficiary of the policy issued by the ceding insurer in the event of the insolvency of the ceding insurer; or
- (b) The assuming insurer, with the consent of the named insured, has assumed the policy obligations of the ceding insurer as direct obligations of the assuming insurer in substitution for the obligations of the ceding insurer to the named insured.
- (8) No person, other than the ceding insurer, has any rights against the reinsurer which are not specifically set forth in the contract of reinsurance or in a specific written,

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signed agreement between the reinsurer and the person.

- (9) An authorized insurer may not knowingly accept as assuming reinsurer any risk covering subject of insurance which is resident, located, or to be performed in this state and which is written directly by any insurer not then authorized to transact such insurance in this state, other than as to surplus lines insurance lawfully written under part VIII of chapter 626.
- (10) (a) Any domestic or commercially domiciled insurer ceding directly written risks of loss under this section shall, within 30 days after receipt of a cover note or similar confirmation of coverage, or, without exception, no later than 6 months after the effective date of the reinsurance treaty, file with the department one copy of a summary statement containing the following information about each treaty:
 - 1. The contract period.
 - 2. The nature of the reinsured's business.
- 3. An indication as to whether the treaty is proportional,
 nonproportional, coinsurance, modified coinsurance, or
 indemnity, as applicable.
 - 4. The ceding company's loss retention per risk.
 - 5. The reinsured limits.
 - 6. Any special contract restrictions.
 - 7. A schedule of reinsurers assuming the risks of loss.
 - 8. An indication as to whether payments to the assuming insurer are based on written premiums or earned premiums.
 - 9. Identification of any intermediary or broker used in obtaining the reinsurance and the department paid to such intermediary or broker if known.

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10. Ceding commissions and allowances.

The summary statement must be signed and attested to by either the chief executive officer or the chief financial officer of the reporting insurer. In addition to the summary statement, the department may require the filing of any supporting information relating to the ceding of such risks as it deems necessary. If the summary statement prepared by the ceding insurer discloses that the net effect of a reinsurance treaty or treaties, or series of treaties with one or more affiliated reinsurers entered into for the purpose of avoiding the following threshold amount, at any time results in an increase of more than 25 percent to the insurer's surplus as to policyholders, then the insurer shall certify in writing to the department that the relevant reinsurance treaty or treaties comply with the accounting requirements contained in any rule adopted by the department under subsection (13). If such certificate is filed after the summary statement of such reinsurance treaty or treaties, the insurer shall refile the summary statement with the certificate. In any event, the certificate must state that a copy of the certificate was sent to the reinsurer under the reinsurance treaty.

(c) This subsection applies to cessions of directly written risk or loss. This subsection does not apply to contracts of facultative reinsurance or to any ceding insurer with surplus as to policyholders that exceeds \$100 million as of the immediately preceding December 31. Additionally, any ceding insurer otherwise subject to this section with less than \$500,000 in direct premiums written in this state during the

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preceding calendar year or with less than 1,000 policyholders at the end of the preceding calendar year is exempt from the requirements of this subsection. However, any ceding insurer otherwise subject to this section with more than \$250,000 in direct premiums written in this state during the preceding calendar quarter is not exempt from the requirements of this subsection.

- (d) An authorized insurer not otherwise exempt from the provisions of this subsection shall provide the information required by this subsection with underlying and supporting documentation upon written request of the department.
- (e) The department may, upon a showing of good cause, waive the requirements of this subsection.
- (11) If the department finds that a reinsurance agreement creates a substantial risk of insolvency to either insurer entering into the reinsurance agreement, the department may by order require a cancellation of the reinsurance agreement.
- (12) No credit shall be allowed for reinsurance with regard to which the reinsurance agreement does not create a meaningful transfer of risk of loss to the reinsurer.
- (13) The department may adopt rules implementing the provisions of this section. Rules are authorized to protect the interests of insureds, claimants, ceding insurers, assuming insurers, and the public. These rules shall be in substantial compliance with:
- (a) The National Association of Insurance Commissioners model regulations relating to credit for reinsurance.
 - (b) The National Association of Insurance Commissioners

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Accounting Practices and Procedures Manual as of March 2002 and subsequent amendments thereto if the methodology remains substantially consistent.

The department may further adopt rules to provide for transition from existing requirements for the approval of reinsurers to the accreditation of reinsurers pursuant to this section.

637.20495 Insurer defined.—As used in ss. 637.2051,
637.2053, 637.2054, and 637.2055, the term "insurer" means and includes every person as defined in s. 637.1004(15) and title insurer as defined in s. 637.1004(22) as limited to any domestic or commercially domiciled insurer who is doing business as an insurer or who has transacted insurance in this state and against whom claims arising from that transaction may exist now or in the future.

637.2051 Notice to comply with written requirements of department; noncompliance.—

- (1) If the department determines that the conditions set forth in subsection (2) exist, the department shall issue an order placing the title insurer in administrative supervision, setting forth the reasons giving rise to the determination, and specifying that the department is applying and effectuating the provisions of this chapter. An order issued by the department pursuant to this subsection entitles the insurer to request a proceeding under ss. 120.569 and 120.57, and such a request shall stay the action pending such proceeding.
- (2) A title insurer shall be subject to administrative supervision by the department if upon examination or at any

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other time the department determines that:

- (a) The insurer is in unsound condition;
- (b) The insurer's methods or practices render the continuance of its business hazardous to the public or to its insureds; or
- (c) The insurer has exceeded its powers granted under its certificate of authority and applicable law.
- (3) Within 15 days after receipt of notice of the department's determination to proceed under this chapter, an insurer shall submit to the department a plan to correct the conditions set forth in the notice. For good cause shown, the department may extend the 15-day time period for submission of the plan. If the department and the insurer agree on a corrective plan, a written agreement shall be entered into to carry out the plan.
- (4) If a title insurer fails to timely submit a plan, the department may specify the requirements of a plan to address the conditions giving rise to imposition of administrative supervision under this chapter. In addition, failure of the insurer to timely submit a plan is a violation of the provisions of this chapter punishable in accordance with s. 637.2017.
- (5) The plan shall address, but shall not be limited to, each of the activities of the insurer's business which are set forth in s. 637.2053.
- (6) Any insurer subject to administrative supervision is expected to avail itself of all reasonably available reinsurance. Reasonably available reinsurance shall include unrealized reinsurance, which is defined as reinsurance

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recoverable on known losses incurred and due under valid reinsurance contracts that have not been identified in the normal course of business and have not been reported in financial statements filed with the department. Within 90 days after being placed under administrative supervision, the insurer shall certify to the Chief Financial Officer that the insurer has engaged an independent third party to search for unrealized reinsurance, and that the insurer has made all relevant books and records available to the third party. The compensation to the third party may be a percentage of unrealized reinsurance identified and collected.

- on the provisions of the plan, the department may require the insurer to take such corrective action as may be reasonably necessary to remove the causes and conditions giving rise to the need for administrative supervision.
- (8) The insurer shall have 60 days, or a longer period of time as designated by the department but not to exceed 120 days, after the date of the written agreement or the receipt of the department's plan within which to comply with the requirements of the department. At the conclusion of the initial period of supervision, the department may extend the supervision in increments of 60 days or longer, not to exceed 120 days, if conditions justifying supervision exist. Each extension of supervision shall provide the insurer with a point of entry pursuant to chapter 120.
- (9) The initiation or pendency of administrative proceedings arising from actions taken under this section shall

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4593	not preclude the department from initiating judicial proceedings
4594	to place an insurer in conservation, rehabilitation, or
4595	liquidation or initiating other delinquency proceedings however
4596	designated under the laws of this state.
4597	(10) If it is determined that the conditions giving rise
4598	to administrative supervision have been remedied so that the
4599	continuance of its business is no longer hazardous to the public
4600	or to its insureds, the department shall release the insurer
4601	from supervision.
4602	(11) The department may adopt rules to define standards of
4603	hazardous financial condition and corrective action
4604	substantially similar to that indicated in the National
4605	Association of Insurance Commissioners' 1997 "Model Regulation
4606	to Define Standards and Commissioner's Authority for Companies
4607	Deemed to be in Hazardous Financial Condition," which are
4608	necessary to implement the provisions of this part.
4609	637.2053 Prohibited acts during period of supervision.—The
4610	department may provide that the title insurer may not conduct
4611	the following activities during the period of supervision,
4612	without prior approval by the department:
4613	(1) Dispose of, convey, or encumber any of its assets or
4614	its business in force;
4615	(2) Withdraw any of its bank accounts;
4616	(3) Lend any of its funds;
4617	(4) Invest any of its funds;
4618	(5) Transfer any of its property;
4619	(6) Incur any debt, obligation, or liability;

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(7) Merge or consolidate with another company;

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- (8) Enter into any new reinsurance contract or treaty;
- (9) Terminate, surrender, forfeit, convert, or lapse any insurance policy, certificate, or contract of insurance, except for nonpayment of premiums due;
- (10) Release, pay, or refund premium deposits, accrued cash or loan values, unearned premiums, or other reserves on any insurance policy or certificate; or
 - (11) Make any material change in management.
- 637.2054 Review.—During the period of supervision, the title insurer may contest an action taken or proposed to be taken by the supervisor, specifying the manner wherein the action complained of would not result in improving the condition of the insurer. Such request shall not stay the action specified pending reconsideration of the action by the department. Denial of the insurer's request upon reconsideration entitles the insurer to request a proceeding under ss. 120.569 and 120.57.

department determines to act under authority of this chapter, the sequence of its acts and proceedings shall be as set forth herein. However, it is a purpose and substance of this chapter to allow the department administrative discretion in the event of insurer delinquencies and, in furtherance of that purpose, the department may, in respect to insurer delinquencies or suspected delinquencies, proceed and administer under the provisions of this chapter or any other applicable law, or under the provisions of this chapter in conjunction with other applicable law, and it is so provided. Nothing contained in this part or in any other provision of law shall preclude the

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department from initiating judicial proceedings to place an insurer in conservation, rehabilitation, or liquidation proceedings or other delinquency proceedings however designated under the laws of this state, regardless of whether the department has previously initiated administrative supervision proceedings under this part against the insurer. The entry of an order of seizure, rehabilitation, or liquidation pursuant to chapter 631 shall terminate all proceedings pending pursuant to this part.

department and the supervisor.—During the period of administrative supervision, the department may meet with a supervisor appointed under this chapter and with the attorney or other representative of the supervisor and such meetings are exempt from the provisions of s. 286.011.

637.2057 Administrative supervision; expenses.-

- (1) During the period of supervision the department by contract or otherwise may appoint a deputy supervisor to supervise the title insurer.
- (2) Each insurer which is subject to administrative supervision by the department shall pay to the department the expenses of its administrative supervision at the rates adopted by the department. Expenses shall include actual travel expenses, a reasonable living expense allowance, compensation of the deputy supervisor or other person employed or appointed by the department for purposes of the supervision, and necessary attendant administrative costs of the department directly related to the supervision. The travel expense and living

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expense allowance shall be limited to those expenses necessarily incurred on account of the administrative supervision and shall be paid by the insurer together with compensation upon presentation by the department to the insurer of a detailed account of the charges and expenses after a detailed statement has been filed by the deputy supervisor or other person employed or appointed by the department and approved by the department.

- (3) All moneys collected from insurers for the expenses of administrative supervision shall be deposited into the Title

 Insurance Regulatory Trust Fund, and the department is authorized to make deposits from time to time into this fund from moneys appropriated for the operation of the department.
- (4) Notwithstanding the provisions of s. 112.061, the department is authorized to pay to the deputy supervisor or person employed or appointed by the department for purposes of the supervision out of such trust fund the actual travel expenses, reasonable living expense allowance, and compensation in accordance with the statement filed with the department by the deputy supervisor or other person, as provided in subsection (2), upon approval by the department.
- of expenses due from the insurer pursuant to this section upon a showing that payment would adversely impact on the financial condition of the insurer and jeopardize its rehabilitation. The payment shall be made by the insurer when the condition is removed and the payment would no longer jeopardize the insurer's financial condition.

Section 11. Section 627.777, Florida Statutes, is

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transferred, renumbered as section 637.2058, Florida Statutes, and amended to read:

- 637.2058 627.777 Approval of forms.-
- (1) A title insurer may not issue or agree to issue any form of title insurance commitment, title insurance policy, other contract of title insurance, or related form until it is filed with and approved by the <u>department office</u>. The <u>department office</u> may not disapprove a title guarantee or policy form on the ground that it has on it a blank form for an attorney's opinion on the title.
- (2) If a form filed for approval is a form recommended by the American Land Title Association at the time of the filing, the department shall approve or disapprove the form within 180 days. If a form filed for approval is a form not recommended by the American Land Title Association at the time of the filing, the department shall approve or disapprove the form within 1 year.
- (3) At the time of the approval of any form, the department shall determine if a rate in effect at that time applies or if the coverages require adoption of a rule pursuant to s. 637.2064.
- (4) The department may revoke approval of any form upon 180 days' notice.
- (5) An insurer may not achieve any competitive advantage over any other insurer or agent as to forms.
- Section 12. Section 627.7773, Florida Statutes, is transferred, renumbered as section 637.2059, Florida Statutes, and amended to read:

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 $\underline{637.2059}$ $\underline{627.7773}$ Accounting and auditing of forms by title insurers.—

- (1) Each title insurer authorized to do business in this state shall, at least once during each calendar year, require of each of its title insurance agents or agencies accountings of all outstanding forms in the agent's or agency's possession of the types that are specified in s. 627.777.
- audit of outstanding forms should be required of any title insurer as to a title insurance agent or agency, the <u>department</u> office may require the title insurer to make a special audit of the forms. The title insurer shall complete the audit not later than 60 days after the request is received from the <u>department</u> office, and shall report the results of the special audit to the <u>department</u> office no later than 90 days after the request is received.
- Section 13. Section 627.7776, Florida Statutes, is transferred, renumbered as section 637.2061, Florida Statutes, and subsection (1) of that section is amended to read:
- 637.2061 627.7776 Furnishing of supplies; civil liability.-
 - (1) A title insurer may not furnish to any person any blank forms, applications, stationery, or other supplies to be used in soliciting, negotiating, or effecting contracts of title insurance on its behalf until that person has received from the insurer a contract to act as a title insurance agent or agency and has been licensed by the department, if required by s. 637.3006 626.8417.

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Section 14. Section 627.780, Florida Statutes, is transferred, renumbered as section 637.2063, Florida Statutes, and subsection (1) of that section is amended to read:

637.2063 627.780 Illegal dealings in premium.-

(1) A person may not knowingly quote, charge, accept, collect, or receive a premium for title insurance other than the premium adopted by the <u>department</u> commission, except as provided in s. 637.1033(7) (b). 626.9541(1) (h) 3.b.

Section 15. Section 637.20635, Florida Statutes, is created to read:

637.20635 Rebating; prohibited.—A title insurer, title insurance agency, or title insurance agent may not rebate any portion of the premium.

Section 16. Section 627.782, Florida Statutes, is transferred, renumbered as section 637.2064, Florida Statutes, and amended to read:

637.2064 627.782 Adoption of rates.—

(1) Subject to the rating provisions of this <u>chapter</u> code, the <u>department</u> commission must adopt a rule specifying the premium to be charged in this state by title insurers for the respective types of title insurance contracts and, for policies issued through agents or agencies, the percentage of such premium required to be retained by the title insurer which shall not be less than 30 percent. However, in a transaction subject to the Real Estate Settlement Procedures Act of 1974, 12 U.S.C. ss. 2601 et seq., as amended, no portion of the premium attributable to providing a primary title service shall be paid to or retained by any person who does not actually perform or is

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not liable for the performance of such service.

- (2) In adopting premium rates, the <u>department</u> commission must give due consideration to the following:
- (a) The title insurers' loss experience and prospective loss experience under closing protection letters and policy liabilities.
- (b) A reasonable margin for underwriting profit and contingencies, including contingent liability under s. 637.2075 627.7865, sufficient to allow title insurers, agents, and agencies to earn a rate of return on their capital that will attract and retain adequate capital investment in the title insurance business and maintain an efficient title insurance delivery system.
- (c) Past expenses and prospective expenses for administration and handling of risks.
 - (d) Liability for defalcation.
 - (e) Other relevant factors.
- (3) Rates may be grouped by classification or schedule and may differ as to class of risk assumed.
- (4) Rates may not be excessive, inadequate, or unfairly discriminatory.
- (5) The premium applies to each \$100 of insurance issued to an insured.
 - (6) The premium rates apply throughout this state.
- 4813 (7) The <u>department</u> commission shall, in accordance with
 4814 the standards provided in subsection (2), review the premium as
 4815 needed, but not less frequently than once every 3 years, and
 4816 shall, based upon the review required by this subsection, revise

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the premium if the results of the review so warrant.

(8) The <u>department</u> commission may, by rule, require licensees under this part to annually submit statistical information, including loss and expense data, as the department determines to be necessary to analyze premium rates, retention rates, and the condition of the title insurance industry.

Section 17. Section 627.783, Florida Statutes, is transferred, renumbered as section 637.2065, Florida Statutes, and amended to read:

637.2065 627.783 Rate deviation.

- (1) A title insurer may petition the <u>department</u> office for an order authorizing a specific deviation from the adopted premium. The petition shall be in writing and sworn to and shall set forth allegations of fact upon which the petitioner will rely, including the petitioner's reasons for requesting the deviation. Any authorized title insurer, agent, or agency may join in the petition for like authority to deviate or may file a separate petition praying for like authority or opposing the deviation. The <u>department</u> office shall rule on all such petitions simultaneously.
- (2) If, in the judgment of the <u>department</u> office, the requested deviation is not justified, the <u>department</u> office may enter an order denying the petition. An order granting a petition constitutes an amendment to the adopted premium as to the petitioners named in the order, and is subject to s.

 637.2064 627.782.

Section 18. <u>Section 627.7831, Florida Statutes, is</u>
transferred and renumbered as section 637.2066, Florida

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4845 Statutes.

Section 19. <u>Section 627.784</u>, Florida Statutes, is <u>transferred and renumbered as section 637.2067</u>, Florida Statutes.

Section 20. <u>Section 627.7841, Florida Statutes, is</u> transferred and renumbered as section 637.2068, Florida Statutes.

Section 21. <u>Section 627.7842</u>, Florida Statutes, is transferred and renumbered as section 637.2069, Florida Statutes.

Section 22. <u>Section 627.7843, Florida Statutes, is</u>
<u>transferred and renumbered as section 637.2071, Florida</u>
<u>Statutes.</u>

Section 23. Section 627.7845, Florida Statutes, is transferred, renumbered as section 637.2072, Florida Statutes, and amended to read:

637.2072 627.7845 Determination of insurability required; preservation of evidence of title search and examination.—

(1) A title insurer may not issue a title insurance commitment, endorsement, or title insurance policy until the title insurer has caused to be made a determination of insurability based upon the evaluation of a reasonable title search or a search of the records of a Uniform Commercial Code filing department office, as applicable, has examined such other information as may be necessary, and has caused to be made a determination of insurability of title or the existence, attachments, perfection, and priority of a Uniform Commercial Code security interest, including endorsement coverages, in

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accordance with sound underwriting practices.

- The title insurer shall cause the evidence of the determination of insurability and the reasonable title search or search of the records of a Uniform Commercial Code filing department office to be preserved and retained in its files or in the files of its title insurance agent or agency for a period of not less than 7 years after the title insurance commitment, title insurance policy, or guarantee of title was issued. The title insurer or agent or agency must produce the evidence required to be maintained by this subsection at its departments offices upon the demand of the department office. Instead of retaining the original evidence, the title insurer or the title insurance agent or agency may, in the regular course of business, establish a system under which all or part of the evidence is recorded, copied, or reproduced by any photographic, photostatic, microfilm, microcard, miniature photographic, or other process which accurately reproduces or forms a durable medium for reproducing the original.
- (3) The title insurer or its agent or agency must maintain a record of the actual premium charged for issuance of the policy and any endorsements in its files for a period of not less than 7 years. The title insurer, agent, or agency must produce the record at its <u>department</u> of the department of t
- (4) This section does not apply to an insurer assuming no primary liability in a contract of reinsurance or to an insurer acting as a coinsurer if any other coinsuring insurer has complied with this section.

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Section 24. <u>Section 627.785, Florida Statutes, is</u> transferred and renumbered as section 637.2073, Florida Statutes.

Section 25. Section 627.786, Florida Statutes, is transferred, renumbered as section 637.2074, Florida Statutes, and subsection (3) of that section is amended to read:

- $\underline{637.2074}$ $\underline{627.786}$ Transaction of title insurance and any other kind of insurance prohibited.—
- (3) Subsection (1) does not preclude a title insurer from providing instruments to any prospective insured, in the form and content approved by the <u>department office</u>, under which the title insurer assumes liability for loss due to the fraud of, dishonesty of, misappropriation of funds by, or failure to comply with written closing instructions by, its contract agents, agencies, or approved attorneys in connection with a real property transaction for which the title insurer is to issue a title insurance policy.

Section 26. Section 627.7865, Florida Statutes, is transferred, renumbered as section 637.2075, Florida Statutes, and amended to read:

637.2075 627.7865 Title insurer assessments.-

(1) As a condition of doing business in this state, each title insurer shall be liable for an assessment to pay all unpaid title insurance claims and expenses of administering and settling such claims on real property in this state for any title insurer that is ordered into liquidation under chapter 631 which is liquidated with unpaid outstanding claims. The office shall assess all title insurers on a pro rata basis determined

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by their writings in this state for amounts necessary to pay the claims. A title insurer is not required to pay an amount in excess of one-tenth of its surplus as to policyholders.

- (2) The receiver or any title insurer may apply to the court for an order of liquidation if it appears that rehabilitation is not viable.
- (3) The following provisions apply upon issuance of a court order directing liquidation of an insurer:
- (a) The policies issued by the title insurer in liquidation shall remain in force.
- (b) The department shall order an assessment upon a judicially approved request by the receiver on an annual basis in an amount that the receiver deems sufficient, together with other assets of the estate, including available reinsurance, for the payment of known claims, loss adjustment expenses, and the cost of administration of the liquidation expenses.
- (c) Each title insurer doing business in this state shall be assessed pro rata based upon the total title insurance premiums written in this state, excluding premiums on reinsurance, as reported to the department for the most recent calendar year.
- (d) Assessments shall be paid to the receiver within 45 days after notice of the assessment or pursuant to an approved quarterly installment plan. Any insurer that elects to pay an assessment on an installment plan shall also pay a financing charge to be determined by the receiver.
- (e) The department shall order an emergency assessment upon a judicially approved request by the receiver. The total of

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any emergency assessment, when added to any annual assessment in a single calendar year, may not exceed the limitation in paragraph (f).

- assessment or multiple assessments in any 1 year that exceeds 4 percent of its surplus to policyholders as of the end of the previous calendar year or more than 10 percent of its surplus to policyholders during a 60-month period. The 10-percent limitation shall be calculated as the sum of the percentages of surplus to policyholders assessed over such 60-month period. The department may exempt or limit the assessment of a title insurer if such assessment would result in a reduction to surplus as to policyholders below the minimum required to maintain the insurer's certificate of authority in this state.
- (g) Once ordered by the department, assessments and emergency assessments shall be considered assets of the estate and subject to the provisions of s. 631.154.
- with a title insurer licensed in this state for the purposes of serving as the point of contact for policyholders of the insolvent insurer and the administration and settlement of claims. The receiver shall make available information regarding unpaid claims on a quarterly basis. The department shall appoint an oversight committee consisting of representatives from the assessed title insurers to review material claims settlements prior to payment and such other actions as the department shall deem appropriate.
 - (5) Unless ordered into liquidation, the title insurer in

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rehabilitation may not be released from rehabilitation until all assessments have been repaid.

Section 27. Section 627.791, Florida Statutes, is transferred, renumbered as section 637.2076, Florida Statutes, and amended to read:

637.2076 627.791 Penalties against title insurers for violations by persons or entities not licensed.—A title insurer is subject to the penalties in ss. 637.2017(2) and 637.2021 624.418(2) and 624.4211 for any violation of a lawful order or rule of the department office or commission, or for any violation of this chapter code, committed by:

- (1) A person, firm, association, corporation, cooperative, joint-stock company, or other legal entity not licensed under this part when issuing and countersigning commitments or policies of title insurance on behalf of the title insurer.
- (2) An attorney when issuing and countersigning commitments or policies of title insurance on behalf of the title insurer.

Section 28. Section 627.792, Florida Statutes, is transferred, renumbered as section 637.2077, Florida Statutes, and amended to read:

637.2077 627.792 Liability of title insurers for defalcation by title insurance agents or agencies.—A title insurer is liable for the defalcation, conversion, or misappropriation by a licensed title insurance agent or agency of funds held in trust by the agent or agency pursuant to s.

637.3029 626.8473. If the agent or agency is an agent or agency for two or more title insurers, any liability shall be borne by

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the title insurer upon which a title insurance commitment or policy was issued prior to the illegal act. If no commitment or policy was issued, each title insurer represented by the agent or agency at the time of the illegal act shares in the liability in the same proportion that the premium remitted to it by the agent or agency during the 1-year period before the illegal act bears to the total premium remitted to all title insurers by the agent or agency during the same time period.

Section 29. Section 627.793, Florida Statutes, is transferred, renumbered as section 637.2078, Florida Statutes, and amended to read:

637.2078 627.793 Rulemaking authority.—The <u>department</u> commission may adopt rules implementing the provisions of this <u>chapter part</u>.

Section 30. <u>Section 627.796</u>, <u>Florida Statutes</u>, is <u>transferred and renumbered as section 637.2079</u>, <u>Florida Statutes</u>.

Section 31. Section 627.797, Florida Statutes, is transferred, renumbered as section 637.2081, Florida Statutes, and subsection (1) of that section is amended to read:

637.2081 627.797 Exempt title insurance agent list.-

(1) Every insurer shall file with the department a list containing the name and address of each appointed agent who is exempt from licensure under s. $\underline{637.3006(4)}$ $\underline{626.8417(4)}$ and who issues or countersigns binders, commitments, title insurance policies, or guarantees of title.

Section 32. Section 627.798, Florida Statutes, is transferred, renumbered as section 637.2082, Florida Statutes,

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5041 and amended to read:

637.2082 627.798 Rulemaking authority.—The <u>department</u> commission shall by rule adopt a form to be used to provide notice to a purchaser-mortgagor that the purchaser-mortgagor is not protected by the title policy of the mortgagee.

Section 33. Sections 637.2083, 637.2084, 637.2085, 637.2086, 637.2087, 637.2088, 637.2089, and 637.2091, Florida Statutes, are created to read:

- <u>637.2083 Assets not allowed.—In addition to assets</u>
 <u>impliedly excluded by the provisions of s. 625.012, the</u>
 <u>following expressly shall not be allowed as assets in any</u>
 <u>determination of the financial condition of a title insurer:</u>
- (1) Trade names, patents, agreements not to compete, and other like intangible assets.
- (2) Advances (other than policy loans) to officers and directors, whether secured or not, and advances to employees, agents, and other persons on personal security only.
- (3) Stock of such insurer, owned by it, or any material equity therein or loans secured thereby, or any material proportionate interest in such stock acquired or held through the ownership by such insurer of an interest in another firm, corporation, or business unit.
- (4) Furniture, fixtures, furnishings, safes, vehicles, libraries, stationery, literature, and supplies, other than data processing and accounting systems authorized under s.
 625.012(11), except in the case of title insurers such materials and plants as the insurer is expressly authorized to invest in under s. 637.20073 and except, in the case of any insurer, such

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personal property as the insurer is permitted to hold pursuant
to part II of this chapter, or which is acquired through
foreclosure of chattel mortgages acquired pursuant to s.
625.329, or which is reasonably necessary for the maintenance
and operation of real estate lawfully acquired and held by the
insurer other than real estate used by it for home office,
branch office, and similar purposes.

- (5) The amount, if any, by which the aggregate book value of investments as carried in the ledger assets of the insurer exceeds the aggregate value thereof as determined under this code.
- (6) Bonds, notes, or other evidences of indebtedness which are secured by mortgages or deeds of trust which are in default.
 - (7) Prepaid and deferred expenses.
- 637.2084 Power to contract; purchase of title insurance by or for minor.—
- (1) Any person of competent legal capacity may contract for title insurance.
- (2) Any minor of the age of 15 years or more, as determined by the nearest birthday, may, notwithstanding his or her minority, contract for title insurance on his or her own property.
- of an estate that is being administered by a guardian or curator, such contract shall not be binding upon such estate as to payment of premiums, except as and when consented to by the guardian or curator and approved by the probate court of the county in which the administration of the estate is pending; and

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such consent and approval shall be required as to each premium payment.

637.2085 Charter, bylaw provisions.—A title insurance policy may not contain any provision purporting to make any portion of the charter, bylaws, or other constituent document of the title insurer a part of the contract unless such portion is set forth in full in the policy. Any policy provision in violation of this section is invalid.

637.2086 Execution of policies.-

- (1) Every title insurance policy shall be executed in the name of and on behalf of the insurer by its officer, attorney in fact, employee, or representative duly authorized by the title insurer.
- (2) A facsimile signature of any such executing individual may be used in lieu of an original signature.
- (3) A title insurance contract that is otherwise valid may not be rendered invalid by reason of the apparent execution thereof on behalf of the title insurer by the imprinted facsimile signature of an individual not authorized so to execute as of the date of the policy.

637.2087 Construction of policies.—

- (1) Every title insurance contract shall be construed according to the entirety of its terms and conditions as set forth in the policy and as amplified, extended, or modified by any application therefor or any rider or endorsement thereto.
- (2) If a title insurer or licensee advertises title insurance policy in a language other than English, the advertisements shall not be construed to modify or change the

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insurance policy written in English. The advertisement must disclose that the policy written in English controls in the event of a dispute and that statements contained in the advertisement do not necessarily, as a result of possible linguistic differences, reflect the contents of the policy written in English. Nothing in this subsection shall affect the provisions of s. 637.1033 relating to misrepresentations and false advertising of insurance policies.

637.2088 Payment of judgment by title insurer; penalty for failure.—

- entered in any of the courts of this state against any authorized title insurer shall be fully satisfied within 60 days after the entry thereof or, in the case of an appeal from such judgment or decree, within 60 days after the affirmance of the same by the appellate court.
- (2) If the judgment or decree is not satisfied as required under subsection (1), and proof of such failure to satisfy is made by filing with the department a certified transcript of the docket of the judgment or decree together with a certificate by the clerk of the court wherein the judgment or decree was entered that the judgment or decree remains unsatisfied, in whole or in part, after the time aforesaid, the department shall forthwith revoke the title insurer's certificate of authority. The department shall not issue to such insurer any new certificate of authority until the judgment or decree is wholly paid and satisfied and proof thereof filed with the department under the official certificate of the clerk of the court wherein

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the judgment was recovered, showing that the same is satisfied of record, and until the expenses and fees incurred in the case are also paid by the insurer.

637.2089 Attorney's fee.-

- (1) Upon the rendition of a judgment or decree by any of the courts of this state against a title insurer and in favor of any named or omnibus insured or the named beneficiary under a policy or contract executed by the title insurer, the trial court or, in the event of an appeal in which the insured or beneficiary prevails, the appellate court shall adjudge or decree against the title insurer and in favor of the insured or beneficiary a reasonable sum as fees or compensation for the insured's or beneficiary's attorney prosecuting the suit in which the recovery is had.
- (2) When so awarded, compensation or fees of the attorney shall be included in the judgment or decree rendered in the case.

637.2091 Title insurance business exclusive.-

- (1) A domestic title insurer may not engage directly or indirectly in any business other than the title insurance business and business activities reasonably and necessarily incidental to such title insurance business.
- (2) Notwithstanding subsection (1), a title insurer may engage in business as an escrow agent.
- (3) A business trust whose declaration of trust was filed with the Secretary of State prior to January 1, 1959, and which, at the time of the adoption of the Florida Insurance Code, held a certificate of authority as a title insurer may qualify as an

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5181	insurer for lawyers' professional liability insurance by
5182	complying with the applicable provisions of the code.
5183	Section 34. Part III of chapter 637, Florida Statutes,
5184	consisting of sections 637.3001, 637.3002, 637.3003, 637.30041,
5185	637.30042, 637.30043, 637.30044, 637.30045, 637.30046,
5186	637.30047, 637.30048, 637.30049, 637.3005, 637.3006, 637.3007,
5187	<u>637.3008, 637.3009, 637.30093, 637.30094, 637.30095, 637.30096,</u>
5188	637.30097, 637.3011, 637.3012, 637.30125, 637.3013, 637.30133,
5189	637.30135, 637.3014, 637.30142, 637.30143, 637.30144, 637.30145,
5190	637.30146, 637.30147, 637.3015, 637.3016, 637.3017, 637.3018,
5191	637.3019, 637.3021, 637.3022, 637.3023, 637.3024, 637.3025,
5192	637.3026, 637.3027, 637.3028, 637.3029, and 637.30295, is
5193	created and entitled "TITLE INSURANCE AGENT AND AGENCY LICENSING
5194	AND ADMINISTRATION."
5195	Section 35. Section 626.8412, Florida Statutes, is

Section 35. Section 626.8412, Florida Statutes, is transferred, renumbered as section 637.3001, Florida Statutes, and amended to read:

637.3001 626.8412 License and appointments required.-

- (1) Except as otherwise provided in this part:
- (a) Title insurance <u>business</u> may be <u>conducted</u> sold only by a <u>title insurer or a</u> licensed title insurance agent employed by a licensed <u>and appointed</u> title insurance agency or employed by a title insurer.
- (b) A title insurance agent may not <u>provide</u> sell a title insurance policy <u>for</u> issued by an insurer for which the agent <u>and agency</u> does not hold a current appointment.
- (2) Except as otherwise provided in this part, a person, other than a title insurance agency or an employee of a title

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insurance agency, may not perform any of the functions of a title insurance agency without a title insurance agency license.

- (3) Each title insurance agency shall annually remit the administrative surcharge required in s. 637.2031(14)(e) prior to January 30 of each year.
- (a) Noncompliance with the payment of the fees as required in s. 637.2031(14)(e) shall result in the immediate suspension of the title insurance agency's appointments to represent an insurer.
- (b) Absent other cause for suspension, the appointments of a title insurance agency may be reinstated upon receipt of the amount due for the administrative surcharge plus any penalties imposed.
- (c) A penalty may be imposed to reinstate the appointments of an agency.

Section 36. Section 626.8413, Florida Statutes, is transferred, renumbered as section 637.3002, Florida Statutes, and amended to read:

637.3002 626.8413 Title insurance agents; certain names prohibited. After October 1, 1985, A title insurance agent as defined in s. 626.841 shall not adopt a name which contains the words "title insurance," "title guaranty," or "title guarantee," unless such words are followed by the word "agent" or "agency" in the same size and type as the words preceding them. This section does not apply to a title insurer acting as an agent for another title insurer.

Section 37. Sections 637.3003, 637.30041, 637.30042, 637.30043, 637.30044, 637.30045, 637.30046, 637.30047,

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- 637.30048, and 637.30049, Florida Statutes, are created to read:

 637.3003 Firm, corporate, and business names; officers;

 associates; notice of changes.—
- (1) Any licensed title agent doing business under a firm or corporate name or under any business name other than his or her own individual name shall, within 30 days after the initial transaction of insurance under such business name, file with the department, on forms adopted and furnished by the department, a written statement of the firm, corporate, or business name being used, the address of any office or offices or places of business making use of such name, and the name and social security number of each officer and director of the corporation and of each individual associated in such firm or corporation as to the insurance transactions of such firm or corporation or in the use of such business name.
- (2) In the event of any change of such name, a change of any of the officers or directors, a change of any of such addresses, or a change in the personnel associated with such firm or corporation, written notice of such change shall be filed with the department within 30 days by or on behalf of those licensees terminating any such firm, corporation, or business name or continuing to operate under such name.
- (3) Within 30 days after a change, any licensed title insurance agency shall notify the department of any change in the information contained in the application filed pursuant to s. 637.3007.
- 5263 637.30041 Insurance agency names; disapproval.—The
 5264 department may disapprove the use of any true or fictitious

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name, other than the bona fide natural name of an individual, by any title insurance agency on any of the following grounds:

- (1) The name interferes with or is too similar to a name already filed and in use by another title insurance agency or title insurer.
- (2) The use of the name may mislead the public in any respect.
- agency is an insurer, motor club, hospital service plan, state or federal agency, charitable organization, or entity that primarily provides advice and counsel rather than sells or solicits title insurance, or is entitled to engage in title insurance activities not permitted under licenses held or applied for. This subsection does not prohibit the use of the word "state" or "states" in the name of the agency. The use of the word "state" or "states" in the name of an agency does not imply that the agency is a state agency.
- department may not issue any license as a title insurance agent to any individual who has not qualified for, taken, and passed to the satisfaction of the department a written examination of the scope prescribed in s. 637.30044.
 - 637.30043 Eligibility; application for examination.-
- (1) A person may not be permitted to take an examination for license until his or her application for examination or application for the license has been approved and the required fees have been received by the department or a person designated by the department to administer the

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examination.

- (2) A person required to take an examination for a license may be permitted to take an examination prior to submitting an application for licensure pursuant to s. 637.3006 by submitting an application for examination through the department's Internet website. In the application, the applicant shall set forth:
- (a) His or her full name, age, social security number, residence address, business address, and mailing address.
- (b) The type of license that the applicant intends to apply for.
- (c) The name of any required pre-licensing course he or she has completed or is in the process of completing.
- (d) The method by which the applicant intends to qualify for the type of license if other than by completing a pre-licensing course.
 - (e) The applicant's gender.
 - (f) The applicant's native language.
- (g) The highest level of education achieved by the applicant.
- (h) The applicant's race or ethnicity. However, the application must contain a statement that an applicant is not required to disclose his or her race or ethnicity, gender, or native language, that he or she will not be penalized for not making such disclosure, and that the department will use this information exclusively for research and statistical purposes and to improve the quality and fairness of the examinations.
 - (3) Each application shall be accompanied by payment of

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the applicable examination fee.

- 637.30044 Scope of examination.
- agent, shall be of such scope as is deemed by the department to be reasonably necessary to test the applicant's ability and competence and knowledge of title insurance and real property transactions of the duties and responsibilities of such a licensee, and of the pertinent provisions of the laws of this state.
- (2) Examinations must cover title insurance, abstracting, title searches, examination of title, closing procedures, and escrow handling.
- (3) This section applies to any person who submits an application for license and to any person who submits an application for examination prior to filing an application for license.
 - 637.30045 Time and place of examination; notice.-
- department shall mail written notice of the time and place of the examination to each applicant for examination and each applicant for license required to take an examination who is eligible to take the examination as of the examination date. The notice shall be mailed, postage prepaid, and addressed to the applicant at his or her address shown on the application for license or at such other address as requested by the applicant in writing filed with the department prior to the mailing of the notice. Notice shall be deemed given when mailed.
 - (2) The examination shall be held in an adequate and

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designated examination center in this state.

- (3) The department shall make an examination available to the applicant, to be taken as soon as reasonably possible after the applicant is eligible to take the examination. Any examination required under this part shall be available in this state at a designated examination center.
 - 637.30046 Conduct of examination.
- (1) The applicant for license or the applicant for examination shall appear in person and personally take the examination for license at the time and place specified by the department or by a person designated by the department.
- (2) The examination shall be conducted by an employee of the department or a person designated by the department for that purpose.
- (3) The questions propounded shall be as prepared by the department, or by a person designated by the department for that purpose, consistent with the applicable provisions of this code.
- (4) All examinations shall be given and graded in a fair and impartial manner and without unfair discrimination in favor of or against any particular applicant.
- 637.30047 Printing of examinations or related materials to preserve examination security.—A contract let for the development, administration, or grading of examinations or related materials by the department pursuant to the agent, customer representative, or adjuster licensing and examination provisions of this code may include the printing or furnishing of such examinations or related materials in order to preserve security. Any such contract shall be let as a contract for a

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contractual service pursuant to s. 287.057.

- 637.30048 Examination fee; determination, refund.-
- applicant who is subject to examination shall pay an examination fee to the department or a person designated by the department.

 A separate and additional examination fee shall be payable for each separate class of license applied for, notwithstanding that all such examinations are taken on the same date and at the same place.
 - (2) The fee for examination is not refundable.
- 5387 637.30049 Reexamination.—

- (1) Any applicant for license or applicant for examination who has taken an examination and failed to make a passing grade, or failed to appear for the examination or to take or complete the examination at the time and place specified in the notice of the department, may take additional examinations after filing with the department an application for reexamination together with applicable fees. The failure of an applicant to pass an examination or the failure to appear for the examination or to take or complete the examination does not preclude the applicant from taking subsequent examinations.
- (2) The department may require any individual whose license as an agent has expired or has been suspended to pass an examination prior to reinstating or relicensing the individual as to any class of license. The examination fee shall be paid as to each examination.
- Section 38. <u>Section 626.8414</u>, Florida Statutes, is transferred and renumbered as section 637.3005, Florida

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5405 Statutes.

Section 39. Section 626.8417, Florida Statutes, is transferred, renumbered as section 637.3006, Florida Statutes, and amended to read:

 $\underline{637.3006}$ $\underline{626.8417}$ Title insurance agent licensure; exemptions.—

- (1) A person may not act as <u>or hold himself or herself out</u> to be a title insurance agent as defined in s. 626.841 until a valid title insurance agent's license has been issued to that person by the department.
- (2) An application for license as a title insurance agent shall be filed with the department on printed forms furnished by the department.
- (3) The department shall not grant or issue a license as title agent to any individual found by it to be untrustworthy or incompetent, who does not meet the qualifications for examination specified in s. 637.3005 626.8414, or who does not meet the following qualifications:
- (a) Within the 4 years immediately preceding the date of the application for license, the applicant must have completed a 40-hour classroom course in title insurance, 3 hours of which shall be on the subject matter of ethics, as approved by the department, or must have had at least 12 months of experience in responsible title insurance duties, while working in the title insurance business as a substantially full-time, bona fide employee of a title agency, title agent, title insurer, or attorney who conducts real estate closing transactions and issues title insurance policies but who is exempt from licensure

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pursuant to paragraph (4)(a). If an applicant's qualifications are based upon the periods of employment at responsible title insurance duties, the applicant must submit, with the application for license on a form prescribed by the department, the affidavit of the applicant and of the employer setting forth the period of such employment, that the employment was substantially full time, and giving a brief abstract of the nature of the duties performed by the applicant.

- (b) The applicant must have passed \underline{an} any examination for licensure $\underline{required}$ under s. 626.221.
- (4)(a) Title insurers or attorneys duly admitted to practice law in this state and in good standing with The Florida Bar, or law firms employing such attorneys, are exempt from the provisions of this chapter with regard to title insurance licensing and appointment requirements.
- (b) An insurer may designate a corporate officer of the insurer to occasionally issue and countersign binders, commitments, title insurance policies, or guarantees of title. A designated officer is exempt from the provisions of this chapter with regard to title insurance licensing and appointment requirements while the officer is acting within the scope of the designation.
- (c) If an attorney or attorneys own a corporation or other legal entity which is doing business as a title insurance agency other than an entity engaged in the active practice of law, the agency must be licensed and appointed as a title insurance agency with an agent in charge or an attorney designated for the agency agent.

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Section 40. Section 626.8418, Florida Statutes, is transferred, renumbered as section 637.3007, Florida Statutes, and subsection (1) of that section is amended to read:

- 637.3007 626.8418 Application for title insurance agency license.—Prior to doing business in this state as a title insurance agency, a title insurance agency must meet all of the following requirements:
- (1) The applicant must file with the department an application for a license as a title insurance agency, on printed forms furnished by the department, that includes all of the following:
- (a) The name of each majority owner, partner, officer, and director of the agency.
- (b) The residence address of each person required to be listed under paragraph (a).
- (c) The name of the agency and its principal business address.
- (d) The location of each $\underline{\text{title insurance}}$ agency $\underline{\text{office}}$ and the name under which each $\underline{\text{title insurance}}$ agency $\underline{\text{office}}$ conducts or will conduct business.
- (e) The name of each <u>title insurance</u> agent to be in full-time charge of <u>a title insurance</u> and agency office and specification of which <u>title insurance</u> agency office.
- (f) Such additional information as the department requires by rule to ascertain the trustworthiness and competence of persons required to be listed on the application and to ascertain that such persons meet the requirements of this chapter code.

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Section 41. <u>Section 626.8419</u>, Florida Statutes, is transferred and renumbered as section 637.3008, Florida Statutes.

Section 42. <u>Section 626.842, Florida Statutes, is</u> transferred and renumbered as section 637.3009, Florida Statutes.

Section 43. Sections 637.30093, 637.30094, 637.30095, 637.30096, and 637.30097, Florida Statutes, are created to read:

637.30093 Continuing education required; application; exceptions; requirements; penalties.—

- (1) The purpose of this section is to establish requirements and standards for continuing education courses for persons licensed to solicit or sell title insurance in this state.
- (2) (a) Each person subject to the provisions of this section must complete a minimum of 10 hours of continuing education courses every 2 years in title insurance courses approved by this state. Each person subject to the provisions of this section must complete, as part of his or her required number of continuing education hours, 2 hours of continuing education, approved by the department, every 2 years on the subject matter of ethics, rules, or state and federal regulatory compliance matters relating to title insurance and closing services.
- (b) Any person who holds a license as a title agent must complete 10 hours of continuing education courses every 2 years.
- (c) Except as provided in paragraph (d), compliance with continuing education requirements is a condition precedent to

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the issuance, continuation, reinstatement, or renewal of any appointment subject to this chapter.

- (d) A person teaching any approved course of instruction or lecturing at any approved seminar and attending the entire course or seminar shall qualify for the same number of classroom hours as would be granted to a person taking and successfully completing such course, seminar, or program. Credit shall be limited to the number of hours actually taught unless a person attends the entire course or seminar. Any person who is an official of or employed by any governmental entity in this state and serves as a professor, instructor, or in any other position or office the duties and responsibilities of which are determined by the department to require monitoring and review of insurance laws or insurance regulations and practices shall be exempt from this section.
- (e) Excess classroom hours accumulated during any compliance period may be carried forward to the next compliance period.
- (f) For good cause shown, the department may grant an extension of time during which the requirements imposed by this section may be completed, but such extension of time may not exceed 1 year.
- (3) The following courses may be completed in order to meet the continuing education course requirements:
- (a) In the case of title agents, completion of the Certified Land Closer (CLC) professional designation program and receipt of the designation: 24 hours.
 - (b) In the case of title agents, completion of the

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Certified Land Searcher (CLS) professional designation program and receipt of the designation: 24 hours.

- (c) Any insurance-related course which is approved by the department and taught by an accredited college or university per credit hour granted: 12 hours.
- management or errors and omissions, developed or sponsored by any authorized insurer or recognized agents' association or insurance trade association or any independent study program of instruction, subject to approval by the department, qualifies for the equivalency of the number of classroom hours assigned to such course by the department. However, unless otherwise provided in this section, continuing education course hours may not be credited toward meeting the requirements of this section unless the course is provided by classroom instruction or results in a monitored examination.
 - (e) A monitored examination is not required for:
- 1. An independent study program of instruction presented through interactive, online technology that the department determines has sufficient internal testing to validate the student's full comprehension of the materials presented; or
- 2. An independent study program of instruction presented on paper or in printed material that imposes a final closed book examination that meets the requirements of the department's rule for self-study courses. The examination may be taken without a proctor provided the student presents to the provider a sworn affidavit certifying that the student did not consult any written materials or receive outside assistance of any kind or

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from any person, directly or indirectly, while taking the examination. If the student is an employee of an agency or corporate entity, the student's supervisor or a manager or owner of the agency or corporate entity must also sign the sworn affidavit. If the student is self-employed, a sole proprietor, or a partner, or if the examination is administered online, the sworn affidavit must also be signed by a disinterested third party. The sworn affidavit must be received by the approved provider prior to reporting continuing education credits to the department.

- (f) Each person or entity sponsoring a course for continuing education credit shall furnish, within 30 days after completion of the course, in a form satisfactory to the department or its designee, a written and certified roster showing the name and license number of all persons successfully completing such course and requesting credit, accompanied by the required fee.
- (4) The department shall refuse to renew the appointment of any agent who has not had his or her continuing education requirements certified unless the agent has been granted an extension by the department. The department may not issue a new appointment of the same or similar type, with any insurer, to an agent who was denied a renewal appointment for failure to complete continuing education as required until the agent completes his or her continuing education requirement.
- (5) An 11-member continuing education advisory board is created, to be appointed by the Chief Financial Officer.

 Appointments shall be for terms of 4 years. The purpose of the

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board is to advise the department in determining standards by which courses may be evaluated and categorized as basic, intermediate, or advanced. The board shall submit to the department recommendations of changes needed in such criteria not less frequently than every 2 years. The department shall require all approved course providers to submit courses for approval to the department using the criteria. All materials, brochures, and advertisements related to the approved courses must specify the level assigned to the course.

- (6) The department may contract services relative to the administration of the continuing education program to a private entity. The contract shall be procured as a contract for a contractual service pursuant to s. 287.057.
- 637.30094 Regulation of continuing education for licensees, course providers, instructors, school officials, and monitor groups.—
- (1) Continuing education course providers, instructors, school officials, and monitor groups must be approved by the department before offering continuing education courses pursuant to s. 637.30093.
- (2) The department shall adopt rules establishing standards for the approval, regulation, and operation of the continuing education programs and for the discipline of licensees, course providers, instructors, school officials, and monitor groups. The standards must be designed to ensure that such course providers, instructors, school officials, and monitor groups have the knowledge, competence, and integrity to fulfill the educational objectives of s. 637.30093.

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- (3) The department shall adopt rules establishing a process by which compliance with the continuing education requirements of s. 637.30093 can be determined, the establishment of a continuing education compliance period for licensees, and forms necessary to implement such a process.
- 637.30095 Regulation of course providers, instructors, school officials, and monitor groups involved in prelicensure education for insurance agents and other licensees.—
- (1) Any course provider, instructor, school official, or monitor group must be approved by and registered with the department before offering prelicensure education courses for insurance agents and other licensees.
- (2) The department shall adopt rules establishing standards for the approval, registration, discipline, or removal from registration of course providers, instructors, school officials, and monitor groups. The standards must be designed to ensure that such persons have the knowledge, competence, and integrity to fulfill the educational objectives of the prelicensure requirements of this chapter and chapter 648 and to ensure that insurance agents and licensees are competent to engage in the activities authorized under the license.
- (3) The department shall adopt rules to establish a process for determining compliance with the prelicensure requirements of this chapter and chapter 648. The department shall adopt rules prescribing the forms necessary to administer the prelicensure requirements.
- 637.30096 Examination results; denial, issuance of license.—

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- examination required under s. 637.30042, the department or its designee shall provide a score report and, if the applicant has received a passing grade, the department shall within such period notify the applicant and issue and transmit the license to which such examination related. If the applicant did not make a passing grade on the examination for a particular license, the department or its designee shall within such period provide notice to the applicant to that effect and of the denial of the license. For an applicant who has completed the examination and received a passing grade prior to submitting the license application, the department shall promptly issue the license applied for as soon as the department approves the application.
- (2) A passing grade on an examination is valid for a period of 1 year. The department may not issue a license to an applicant based upon an examination taken more than 1 year prior to the date an application for a license is filed.
- 637.30097 Form and contents of licenses in general.—Each license issued by the department shall be in such form as the department may designate and must contain the licensee's name, the licensee's personal identification number, the date of issuance, and any other information the department deems necessary to fully identify the licensee and the authority being granted. The department may by rule require photographs of applicants as a part of the licensing process.

Section 44. Section 626.84201, Florida Statutes, is transferred, renumbered as section 637.3011, Florida Statutes, and amended to read:

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637.3011 626.84201 Nonresident title insurance agents.—
Notwithstanding s. 637.3005(2) 626.8414(2), the department, upon application and payment of the fees specified in s. 637.2031 624.501, may issue a license as a nonresident title insurance agent to an individual not a resident of this state in the same manner applicable to the licensure of nonresident general lines agents under the provisions of s. 626.741, provided the individual passes the examination for licensure required under s. 637.30042 626.221. Nonresident title insurance agents licensed pursuant to this section must complete the continuing education requirements of s. 637.30093 626.2815 in the same manner as resident title insurance agents. Sections 626.742 and 626.743 apply to nonresident title insurance agents.

Section 45. Section 626.8421, Florida Statutes, is transferred, renumbered as section 637.3012, Florida Statutes, and amended to read:

637.3012 626.8421 Number of appointments permitted or required.—A title agent shall be required to have a separate appointment as to each insurer by which he or she is appointed as agent. As a part of each appointment there shall be a certified statement or affidavit of an appropriate officer or official of the appointing insurer stating that to the best of the insurer's knowledge and belief the applicant, or its principals in the case of a corporation or other legal entity, has met the requirements of s. 626.8417.

Section 46. Section 637.30125, Florida Statutes, is created to read:

637.30125 Agent in charge.-

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- (1) Each location of a title insurance agency or insurer at which disbursement of escrow funds or policy issuance services are performed shall have a separate agent in charge. The failure to designate an agent in charge on a form prescribed by the department, within 10 working days after an agency's inception or a change of the agent in charge, is a violation of this chapter, punishable as provided in s. 637.3018.
- (2) The agent in charge shall accept and be responsible for the operation and management of a title agency location.
- (3) The agent in charge shall perform his or her duties as set forth in subsection (2) at the location for which he or she is an attorney or agent in charge.
- (4) The department may suspend or revoke the license of the agency if a title insurance agency employs, contracts with, or uses the services of a person who has had a license denied or whose license is currently suspended or revoked. However, a person who has been denied a license for failure to pass a required examination may be employed to perform clerical or administrative functions for which licensure is not required.
- (5) An agency shall designate an attorney licensed by The Florida Bar or an agent licensed by the department as agent in charge for each location of the agency. In the case of multiple locations, the agency shall designate a separate agent in charge for each location.
- (6) The department may adopt rules pursuant to ss.

 120.536(1) and 120.54 to implement this section and interpret the duties and responsibilities of the agent in charge or the

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BILL PCS HB 853 ORIGINAL YEAR 5741 attorney in charge of a licensed title insurance agency. Section 626.8423, Florida Statutes, is 5742 Section 47. 5743 transferred and renumbered as section 637.3013, Florida 5744 Statutes. 5745 Section 48. Section 637.30133, Florida Statutes, is 5746 created to read: 5747 637.30133 Consumer protections.—To transact title 5748 insurance, title insurance agents shall comply with consumer 5749 protection laws, including the following, as applicable: 5750 (1) Continuing education requirements for resident and nonresident agents, as required in s. 637.30093. 5751 5752 (2) Fingerprinting requirements for resident and 5753 nonresident agents, as required under s. 626.171 or s. 5754 637.30135. 5755 (3) Fingerprinting following a department investigation 5756 under s. 637.1019. 5757 The submission of credit and character reports, as (4) 5758 required by s. 626.171 or s. 626.521. 5759 (5) Qualifications for licensure as an agent in s. 5760 626.731, s. 626.741, s. 626.785, s. 626.831, s. 626.835, or s. 5761 6378.2077. 5762 (6) Examination requirements in s. 626.741, s. 626.835, 5763 637.2077, or s. 637.30042. 5764 (7) Required licensure or registration of insurance 5765 agencies under s. 626.112. (8) Requirements for licensure of resident and 5766 nonresident agents in s. 626.112, s. 626.321, s. 626.731, s. 5767

626.741, s. 626.785, s. 626.831, s. 626.835, s. 626.927, or s. Page 206 of 238

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5769 637.2077. 5770 (9) Any other licensing requirement, restriction, or 5771 prohibition designated a consumer protection by the Chief 5772 Financial Officer, but not inconsistent with the requirements of 5773 Subtitle C of the Gramm-Leach-Bliley Act, 15 U.S.C.A. ss. 6751 5774 et seq. 5775 Section 49. Section 637.30135, Florida Statutes, is 5776 created to read: 5777 637.30135 Fingerprinting requirements.—If there is a change in ownership or control of any entity licensed under this 5778 5779 chapter, or if a new partner, officer, or director is employed 5780 or appointed, a set of fingerprints of the new owner, partner, 5781 officer, or director must be filed with the department or office within 30 days after the change. The acquisition of 10 percent 5782 or more of the voting securities of a licensed entity is 5783 5784 considered a change of ownership or control. The fingerprints 5785 must be taken by a law enforcement agency or other 5786 department-approved entity and be accompanied by the 5787 fingerprint processing fee in s. 637.2031. Section 626.8427, Florida Statutes, is 5788 Section 50. 5789 transferred and renumbered as section 637.3014, Florida

Section 51. Sections 637.30142, 637.30143, 637.30144, 637.30145, 637.30146, and 637.30147, Florida Statutes, are

created to read:

5794 <u>637.30142 Payment of fees, taxes for appointment period</u> 5795 without appointment.—

(1) All initial appointments shall be submitted to the

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Statutes.

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department on a monthly basis no later than 45 days after the date of appointment and shall become effective on the date requested on the appointment form.

- Upon application and qualification for an initial or renewal appointment and such investigation as the department may make, if it appears to the department that an individual who was formerly licensed or is currently licensed but not properly appointed to represent an insurer or employer and who has been actively engaged or is currently actively engaged as such an appointee, but without being appointed as required, the department, if it finds that such failure to be appointed was an inadvertent error on the part of the insurer or employer so represented, may issue or authorize the issuance of the appointment as applied for but subject to the condition that, before the appointment is issued, all fees and taxes which would have been due had the applicant been so appointed during such current and prior periods, with applicable fees pursuant to s. 637.2031 for such current and prior periods of appointment, shall be paid to the department.
- (3) (a) Failure to notify the department within the required time period shall result in the appointing entity being assessed a delinquent fee of \$250 per appointee. Delinquent fees shall be paid by the appointing entity and may not be charged to the appointee.
- (b) Failure to timely renew an appointment by an appointing entity prior to the expiration date of the appointment shall result in the appointing entity being assessed late filing, continuation, and reinstatement fees as prescribed

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in s. 637.2031. Such fees shall be paid by the appointing entity and may not be charged back to the appointee.

637.30143 License or appointment; transferability.—A license or appointment issued under this part is valid only as to the person named and is not transferable to any other person. A licensee or appointee may not allow any other person to transact insurance by using the license or appointment issued to such licensee or appointee.

637.30144 Termination of appointment.

- appointing entity may terminate its appointment of any appointed at any time. Except when termination is upon a ground which would subject the appointee to suspension or revocation of his or her license and appointment under s. 637.3017 or s. 637.3018, and except as provided by contract between the appointing entity and the appointee, the appointing entity shall give to the appointee at least 60 days' advance written notice of its intention to terminate such appointment by delivery of such notice to the appointee in person or by mailing the notice, postage prepaid, addressed to the appointee at his or her last address of record with the appointing entity. Notice so mailed shall be deemed to have been given when deposited in a United States Postal Service mail depository.
- (2) Within 30 days after terminating the appointment of an appointee, other than as to an appointment terminated by the appointing entity's failure to continue or renew the appointment, the appointing entity shall file with the department a written notice of the termination, together with

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a statement that the appointing entity has given the
appointee notice of the termination as provided in subsection
(1) and shall file with the department the reasons and facts
involved in such termination as required under s. 637.30145.

- (3) Upon termination of the appointment of an appointee by failure to renew or continue the appointment, the appointing entity shall:
- (a) File with the department the information required under s. 637.30145.
- (b) Subject to the exceptions provided under subsection (1), continue the outstanding contracts transacted by an agent until the expiration date or anniversary date when the policy is a continuous policy with no expiration date. This paragraph shall not be construed to prohibit the cancellation of such contracts when not otherwise prohibited by law.
- (4) An appointee may terminate the appointment at any time by giving written or electronic notice of such termination to the appointing entity, department, or person designated by the department to administer the appointment process. The department shall immediately terminate the appointment and notify the appointing entity of such termination. Such termination shall be subject to the appointee's contract rights, if any.
- (5) Upon receiving a notice of termination, the department or person designated by the department to administer the appointment process shall terminate the appointment.
 - 637.30145 Reasons for termination.-
- (1) Any insurer terminating the appointment of an agent or managing general agent, whether such termination is by direct

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action of the appointing insurer, agent, or employer or by failure to renew or continue the appointment, shall file with the department or office a statement of the reasons, if any, for such termination and the facts relative to such termination. In the case of a termination of the appointment of an agent, such information may be filed by the insurer or by the general agent of the insurer.

(2) In the case of terminations by failure to renew or continue the appointment, the information required under subsection (1) shall be filed with the department or office within 30 days after the date notice of intention not to renew or continue was filed with the department or office as required by this chapter. In all other cases, the information required under subsection (1) shall be filed with the department or office within 10 days after notice of the termination was filed with the department or office.

637.30146 Delinquent agencies; notice of trusteeship.—If any agent or agency becomes delinquent for 90 days in payment of accounts owing to the insurer or insurers represented by the agent or agency and a trusteeship or similar arrangement for the administration of the affairs of the agent or agency is instituted, the insurer or insurers involved in such trusteeship or arrangement shall immediately give written notice of such trusteeship or arrangement to the department. The notice shall state the name and address of each such agent, the circumstances and estimated amount of delinquency, and such other information as the insurer deems pertinent or as the department may reasonably require.

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637.30147 Procedure for refusal, suspension, or revocation of license.—If any licensee is convicted of a violation of this code or a felony, the licenses and appointments of such person shall be immediately revoked by the department. The licensee may subsequently request a hearing pursuant to ss.

120.569 and 120.57, and the department shall expedite any such requested hearing. The sole issue at such hearing shall be whether the revocation should be rescinded because such person was not in fact convicted of a violation of this code or a felony.

Section 52. Section 626.843, Florida Statutes, is transferred, renumbered as section 637.3015, Florida Statutes, and amended to read:

- 637.3015 626.843 Renewal, continuation, reinstatement, termination of title insurance agent's appointment.—
- (1) The appointment of a title insurance agent shall continue in force until suspended, revoked, or otherwise terminated, but subject to a renewed request filed by the insurer every 24 months after the original issue date of the appointment, accompanied by payment of the renewal appointment fee and taxes as prescribed in s. 637.2031 624.501.
- (2) (a) Renewal of an appointment that is received by the department or person designated by the department to administer the appointment process prior to the expiration of an appointment in the licensee's birth month or license issue date, whichever applies, may be renewed by the department without penalty and shall be effective as of the first day of the month succeeding the month in which the appointment would have

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5937 <u>expired.</u>

- (b) Renewal of an appointment that is received by the department or person designated by the department to administer the appointment process after the renewal date may be accepted and effectuated by the department in its discretion if the appointment, late filing, continuation, and reinstatement fee accompanies the renewal request pursuant to s. 637.2031. Late filing fees shall be paid by the appointing entity and may not be charged to the appointee Title insurance agent appointments shall be renewed pursuant to s. 626.381 for insurance representatives in general.
- (3) The appointment issued shall remain in effect for so long as the appointment represented thereby continues in force as provided in this section.
- Section 53. <u>Section 626.8433, Florida Statutes, is</u> transferred and renumbered as section 637.3016, Florida Statutes.
- Section 54. Section 626.8437, Florida Statutes, is transferred, renumbered as section 637.3017, Florida Statutes, and amended to read:
- 637.3017 626.8437 Grounds for denial, suspension, revocation, or refusal to renew license or appointment.—
- (1) The department shall deny, suspend, revoke, or refuse to renew or continue the license or appointment of any title insurance agent or agency, and it shall suspend or revoke the eligibility to hold a license or appointment of such person, if it finds that as to the applicant, licensee, appointee, or any principal thereof, any one or more of the following grounds

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5965 exist:

- $\underline{\text{(a)}}$ (1) Lack of one or more of the qualifications for the license or appointment as specified in ss. $\underline{637.3006}$, $\underline{637.3007}$, and $\underline{637.3008}$ $\underline{626.8417}$, $\underline{626.8418}$, and $\underline{626.8419}$.
- $\underline{\text{(b)}}$ Material misstatement, misrepresentation, or fraud in obtaining, or attempting to obtain, the license or appointment.
- (c) (3) Willful misrepresentation of any title insurance policy, guarantee of title, binder, or commitment, or willful deception with regard to any such policy, guarantee, binder, or commitment, done either in person or by any form of dissemination of information or advertising.
- (d) (4) Demonstrated lack of fitness or trustworthiness to represent a title insurer in the issuance of its commitments, binders, policies of title insurance, or guarantees of title.
- $\underline{\text{(e)}}$ Demonstrated lack of reasonably adequate knowledge and technical competence to engage in the transactions authorized by the license or appointment.
- $\underline{\text{(f)}}$ Fraudulent or dishonest practices in the conduct of business under the license or appointment.
- (g) (7) Misappropriation, conversion, or unlawful withholding of moneys belonging to title insurers or insureds or others and received in conduct of business under the license or appointment.
- <u>(h) (8)</u> Unlawful rebating, or attempting to unlawfully rebate, or unlawfully dividing, or offering to unlawfully divide, title insurance premiums, fees, or charges with another, as prohibited by s. 637.1033(7) (b). 626.9541(1) (h)3.

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- (i) (9) Willful failure to comply with, or willful violation of, any proper order or rule of the department or willful violation of any provision of this act.
- <u>(j) (10)</u> The licensee if an individual, or the partners if a partnership, or owner if a sole proprietorship, or the officers if a corporation, having been found guilty of or having pleaded guilty or nolo contendere to a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States or of any state or under the law of any other country which involves moral turpitude, without regard to whether a judgment of conviction has been entered by the court having jurisdiction of such cases.
- (k) Failure to timely submit data as required by the department.
- (2) Upon receipt of an information or indictment, the department shall immediately temporarily suspend any license or appointment issued under this chapter when the licensee has been convicted of an insurance or financial-related felony or a crime involving moral turpitude or a crime punishable by imprisonment of 1 year or more under the law of any state, territory, or country. Such suspension shall continue if the licensee has been found guilty of, or has pleaded guilty or no contest to, the crime, whether or not a judgment or conviction has been entered, during a pending appeal. A person may not affect any additional insurance after suspension of his or her license or appointment. However, he or she may service the policies effected prior to such suspension.

Section 55. Section 626.844, Florida Statutes, is

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transferred, renumbered as section 637.3018, Florida Statutes, and amended to read:

- 637.3018 626.844 Grounds for discretionary refusal, suspension, or revocation of license or appointment.—The department may, in its discretion, deny, suspend, revoke, or refuse to renew or continue the license or appointment of any title insurance agent or agency, and it may suspend or revoke the eligibility to hold a license or appointment of any such title insurance agent or agency if it finds that as to the applicant or licensee or appointee, or any principal thereof, any one or more of the following grounds exist under circumstances for which such denial, suspension, revocation, or refusal is not mandatory under s. 637.3017 626.8437:
- (1) Any cause for which issuance of the license or appointment could have been refused had it then existed and been known to the department.
- (2) Violation of any provision of this act in the course of dealing under the license or appointment.
- (3) Violation of any lawful order or rule of the department.
- (4) Failure or refusal upon demand to pay over to any title insurer that the appointee represents or has represented any money coming into the hands of such appointee and belonging to the title insurer.
- (5) Engaging in unfair methods of competition or in unfair or deceptive acts or practices in the conduct of business, as prohibited under part IX of this chapter, or having otherwise shown himself or herself to be a source of injury or loss to the

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public or to be detrimental to the public interest.

- (6) The licensee if an individual, or the partners if a partnership, or owner if a sole proprietorship, or the officers if a corporation, having been found guilty of or having pleaded guilty or nolo contendere to a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States or of any state or under the law of any other country, without regard to whether a judgment of conviction has been entered by the court having jurisdiction of such cases.
- (7) Failure or refusal upon demand by any title insurer that the appointee represents or has represented to pay any money coming into the hands of such appointee and belonging to the title insurer.
- (8) Failure to maintain the insurer's portion of the premium in escrow.
- (9) Fraud, misrepresentation, or deceit in any title insurance transaction.
 - (10) Failure to comply with s. 637.3029.
- count or deliver to any person any property that has come into the agency's hands and that is not the agency's property or that the agency is not in law or equity entitled to retain, under the circumstances and at the time that has been agreed upon or is required by law or, in the absence of a fixed time, upon demand of the person entitled to such accounting and delivery absent a good faith dispute, lack of mutual instructions, or doubt about entitlement thereto.
- (12) Failure to disburse escrow funds in accordance with agreements signed by the seller and the buyer absent a good

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faith dispute or lack of mutual instructions from the buyer and seller about entitlement thereto.

- (13) Acting as or holding himself or herself out to be a title insurance agent or title insurance agency without a current, active license issued by the Department of Financial Services.
- (14) Providing a closing protection letter, title insurance commitment, or title insurance policy for an insurer that the licensee is not actively appointed to represent.
- (15) Failure to maintain, preserve, and keep available for examination all books, accounts, or other documents required by ss. 637.30044-637.3015 and s. 637.3029 and the rules of the department.
- (16) Failure to allow an investigation or examination of books and records by the department.
- (17) Adding any amount to the charges of other providers of service in a real estate transaction without adding value to the services provided.
- (18) Failure to timely deliver the deed, mortgage, and other documents related to a closing transaction to the appropriate recording authority.
- (19) Failure to timely deliver the escrow funds to the appropriate entity or to the state if the owner is unable to be located pursuant to chapter 717.
- Section 56. Section 626.8443, Florida Statutes, is transferred, renumbered as section 637.3019, Florida Statutes, and subsection (4) of that section is amended to read:
- 637.3019 626.8443 Duration of suspension or revocation.

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(4) During the period of suspension or after revocation of the license and appointment, the former licensee shall not engage in or attempt to profess to engage in any transaction or business for which a license or appointment is required under this <u>chapter code</u> or directly or indirectly own, control, or be employed in any manner by any <u>title</u> insurance agent or <u>title</u> <u>insurance</u> agency <u>or adjuster or adjusting firm</u>.

Section 57. <u>Section 626.8447, Florida Statutes, is</u> transferred and renumbered as section 637.3021, Florida Statutes.

Section 58. <u>Section 626.845, Florida Statutes, is</u> transferred and renumbered as section 637.3022, Florida Statutes.

Section 59. Section 626.8453, Florida Statutes, is transferred, renumbered as section 637.3023, Florida Statutes, and amended to read:

637.3023 626.8453 Penalty for violation.—A person who knowingly makes a false or otherwise fraudulent application for a license or appointment under this act, or who knowingly violates any provision of s. 637.2032 624.5015, ss. 637.3006—637.3029 626.8417—626.847, or s. 637.2076 627.791, in addition to any applicable denial, suspension, revocation, or refusal to renew or continue any license or appointment, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Each instance of violation shall be considered a separate offense.

Section 60. <u>Section 626.8457</u>, Florida Statutes, is transferred and renumbered as section 637.3024, Florida

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Statutes.

Section 61. Section 626.846, Florida Statutes, is transferred, renumbered as section 637.3025, Florida Statutes, and subsection (1) of that section is amended to read:

637.3025 626.846 Probation.-

(1) If the department finds that one or more grounds exist for the suspension of, revocation of, or refusal to renew or continue any license or appointment issued under this act, the department may, except when an administrative fine is not permissible under s. 637.3024 626.8457 or when such suspension, revocation, or refusal is mandatory, in lieu of such suspension, revocation, or refusal, or in connection with any administrative monetary penalty imposed under s. 637.3024 626.8457, place the offending licensee or appointee on probation for a period not to exceed 2 years, as specified by the department in its order.

Section 62. Section 626.8463, Florida Statutes, is transferred, renumbered as section 637.3026, Florida Statutes, and subsection (1) of that section is amended to read:

637.3026 626.8463 Witnesses and evidence.-

(1) As to the subject of any examination, investigation, or hearing being conducted by him or her under s. 637.2032, s. 637.2076, or 624.5015, ss. 637.3006-637.3029 626.8417-626.847, or s. 627.791, an examiner appointed by the department or office may administer oaths, examine and cross-examine witnesses, and receive oral and documentary evidence and shall have the power to subpoena witnesses, compel their attendance and testimony, and require by subpoena the production of books, papers, records, files, correspondence, documents, or other evidence

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which the examiner deems relevant to the inquiry.

Section 63. Section 626.8467, Florida Statutes, is transferred, renumbered as section 637.3027, Florida Statutes, and amended to read:

 $\underline{637.3027}$ $\underline{626.8467}$ Testimony compelled; immunity from prosecution.—

If a person asks to be excused from attending or testifying or from producing any books, papers, records, contracts, documents, or other evidence in connection with any examination, hearing, or investigation being conducted under s. 637.2032, s. 637.2076, or 624.5015, ss. 637.3006-637.3029 626.8417-626.847, or s. 627.791 by the department or office or its examiner on the ground that the testimony or evidence required of the person may tend to incriminate him or her or subject him or her to a penalty or forfeiture and notwithstanding is directed to give such testimony or produce such evidence, the person must, if so directed by the Department of Financial Services and the Department of Legal Affairs or by the office and the Department of Legal Affairs, nonetheless comply with such direction, but he or she shall not thereafter be prosecuted or subjected to any penalty or forfeiture for or on account of any transaction, matter, or thing concerning which he or she may have so testified or produced evidence, and no testimony so given or evidence produced shall be received against the person upon any criminal action, investigation, or proceeding. However, a person so testifying shall not be exempt from prosecution or punishment for any perjury committed by him or her in such testimony, and the testimony or evidence so given

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or produced shall be admissible against him or her upon any criminal action, investigation, or proceeding concerning such perjury; and such person shall not be exempt from the refusal, suspension, or revocation of any license or appointment, permission, or authority conferred or to be conferred pursuant to s. 637.2032, s. 637.2076, or 624.5015, ss. 637.3006-637.3029 626.8417-626.847, or s. 627.791.

(2) Any such person may execute, acknowledge, and file with the department of Financial Services or the office, as appropriate, a statement expressly waiving such immunity or privilege with respect to any transaction, matter, or thing specified in the statement, and thereupon the testimony of such person or such evidence in relation to such transaction, matter, or thing may be received or produced before any judge or justice, court, tribunal, or grand jury or otherwise and, if so received or produced, such person shall not be entitled to any immunity or privilege on account of any testimony he or she may so give or evidence so produced.

Section 64. Section 626.847, Florida Statutes, is transferred, renumbered as section 637.3028, Florida Statutes, and amended to read:

637.3028 626.847 Penalty for refusal to testify.—A person who refuses or fails, without lawful cause, to testify relative to the affairs of any title insurer or other person when subpoenaed under s. 637.3026 626.8463 and requested by the department or office to so testify is guilty of a misdemeanor of the second degree and, upon conviction, is punishable as provided in s. 775.082 or s. 775.083.

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Section 65. Section 626.8473, Florida Statutes, is transferred, renumbered as section 637.3029, Florida Statutes, and subsections (1), (3), and (6) of that section are amended to read:

637.3029 626.8473 Escrow; trust fund.-

- (1) A title insurance agent may engage in business as an escrow agent as to funds received from others to be subsequently disbursed by the title insurance agent in connection with real estate closing transactions involving the issuance of title insurance binders, commitments, policies of title insurance, or guarantees of title, provided that a licensed and appointed title insurance agent complies with the requirements of s. 637.3006 626.8417, including such requirements added after the initial licensure of the agent.
- (3) All funds received by a title insurance agent to be held in trust shall be immediately placed and retained in a financial institution that is located within this state and is a member of the Federal Deposit Insurance Corporation or the National Credit Union Share Insurance Fund. These funds shall be invested in an escrow account in accordance with the investment requirements and standards established for deposits and investments of state funds in s. 17.57, where the funds shall be kept until disbursement thereof is properly authorized.
- (6) In the event that the department <u>adopts</u> promulgates rules necessary to implement the requirements of this section pursuant to s. <u>637.1007</u> 624.308, the department shall consider reasonable standards necessary for the protection of funds held in trust, including, but not limited to, standards for

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accounting of funds, standards for receipt and disbursement of funds, and protection for the person or persons to whom the funds are to be disbursed.

Section 66. Section 637.30295, Florida Statutes, is created to read:

637.30295 Collection of title insurance information.—Each title insurance agency licensed to do business in this state and each insurer doing direct, retail, or affiliated business in this state shall maintain and submit information, including revenue, loss, and expense data, as the department determines to be necessary to assist in the analysis of title insurance premium rates, title search costs, and the condition of the title insurance industry in this state. This information must be transmitted to the department no later than March 31 of each year following the reporting year. The department shall adopt rules to assist in the collection and analysis of the data from the title insurance industry.

Section 67. Paragraphs (a), (e), and (f) of subsection (1) of section 624.5105, Florida Statutes, are amended to read:

624.5105 Community contribution tax credit; authorization; limitations; eligibility and application requirements; administration; definitions; expiration.—

- (1) AUTHORIZATION TO GRANT TAX CREDITS; LIMITATIONS.-
- (a) There shall be allowed a credit of 50 percent of a community contribution against any tax due for a calendar year under s. 624.509, or s. 624.510, or s. 637.2039.
- (e) If the credit granted pursuant to this section is not fully used in any one year because of insufficient tax liability

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on the part of the insurer, the unused amount may be carried forward for a period not to exceed 5 years. The carryover credit may be used in a subsequent year when the tax imposed by s. 624.509, or 6.24.510, or 6.37.2039 for such year exceeds the credit under this section for such year.

(f) An insurer that claims a credit against premium-tax liability earned by making a community contribution under this section need not pay any additional retaliatory tax levied under s. 624.5091 or s. 637.2041 as a result of claiming such a credit. Section 624.5091 or s. 637.2041 does not limit such a credit in any manner.

Section 68. Subsection (1) of section 624.5107, Florida Statutes, is amended to read:

624.5107 Child care tax credits.-

(1) If the credit granted under this section is not fully used in any one year because of insufficient tax liability on the part of the insurer, the unused amount may be carried forward for a period not to exceed 5 years. The carryover credit may be used in a subsequent year when the tax imposed by s. 624.509, or s. 624.510, or s. 637.2039 for that year exceeds the credit for which the insurer is eligible in that year under this section.

Section 69. <u>Transfers; rules; powers; regulatory</u> authority; orders.—

(1) Effective October 1, 2010, the rules of the Financial Services Commission and the Office of Insurance Regulation with respect to the regulation of title insurance shall become the rules of the Department of Financial Services and shall remain

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in effect until specifically amended or repealed in the manner provided by law.

- (2) (a) All of the statutory powers, duties and functions, records, personnel, property, and unexpended balances of appropriations, allocations, or other funds for the administration of chapter 624, Florida Statutes, related to title insurance, shall be transferred by a type two transfer, as defined in s. 20.06(2), Florida Statutes, from the Financial Services Commission and the Office of Insurance Regulation to the Department of Financial Services.
- (b) All of the statutory powers, duties and functions, records, personnel, property, and unexpended balances of appropriations, allocations, or other funds for the administration of chapter 626, Florida Statutes, related to title insurance, shall be transferred by a type two transfer, as defined in s. 20.06(2), Florida Statutes, from the Financial Services Commission and the Office of Insurance Regulation to the Department of Financial Services.
- (c) All of the statutory powers, duties and functions, records, personnel, property, and unexpended balances of appropriations, allocations, or other funds for the administration of chapter 627, Florida Statutes, related to title insurance, shall be transferred by a type two transfer, as defined in s. 20.06(2), Florida Statutes, from the Financial Services Commission and the Office of Insurance Regulation to the Department of Financial Services.
- (3) (a) The transfer of regulatory authority under chapter 624, Florida Statutes, provided by this act shall not affect the

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validity of any judicial or administrative action relating to title insurance pending as of 11:59 p.m. on the day before the effective date of this act, to which action the Financial Services Commission or the Office of Insurance Regulation are at that time parties, and the Department of Financial Services shall be substituted as a party in interest in any such action.

- (b) The transfer of regulatory authority under chapter 626, Florida Statutes, provided by this act shall not affect the validity of any judicial or administrative action relating to title insurance pending as of 11:59 p.m. on the day before the effective date of this act, to which action the Financial Services Commission or the Office of Insurance Regulation are at that time parties, and the Department of Financial Services shall be substituted as a party in interest in any such action.
- (c) The transfer of regulatory authority under chapter 627, Florida Statutes, provided by this act shall not affect the validity of any judicial or administrative action relating to title insurance pending as of 11:59 p.m. on the day before the effective date of this act, to which action the Financial Services Commission or the Office of Insurance Regulation are at that time parties, and the Department of Financial Services shall be substituted as a party in interest in any such action.
- (4) (a) All lawful orders issued by the Financial Services

 Commission or the Office of Insurance Regulation implementing or

 enforcing or otherwise in regard to any provision of chapter

 624, Florida Statutes, relating to title insurance, issued prior
 to the effective date of this act, shall remain in effect and be
 enforceable after the effective date of this act, unless

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thereafter modified in accordance with law.

- (b) All lawful orders issued by the Financial Services

 Commission or the Office of Insurance Regulation, implementing
 or enforcing or otherwise in regard to any provision of chapter
 626, Florida Statutes, relating to title insurance, issued prior
 to the effective date of this act, shall remain in effect and be
 enforceable after the effective date of this act, unless
 thereafter modified in accordance with law.
- (c) All lawful orders issued by the Financial Services

 Commission or the Office of Insurance Regulation, implementing
 or enforcing or otherwise in regard to any provision of chapter
 627, Florida Statutes, relating to title insurance, issued prior
 to the effective date of this act, shall remain in effect and be
 enforceable after the effective date of this act, unless
 thereafter modified in accordance with law.

Section 70. The Legislature recognizes that there is a need to conform the Florida Statutes to the policy decisions reflected in the provisions of this act. The Division of Statutory Revision is directed to provide the relevant substantive committees of the Senate and the House of Representatives with assistance, upon request, to enable such committees to prepare draft legislation to conform the Florida Statutes to the provisions of this act.

Section 71. Section 689.263, Florida Statutes, is created to read:

689.263 Sale of residential property; settlement statement requirements.—A title insurance agent or title insurance agency may not disburse funds pursuant to a completed purchase and sale

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transaction subject to the Real Estate Settlement Procedures Act
of 1974, 12 U.S.C. ss. 2601 et seq., as amended, without
requiring a statement of settlement costs meeting the following
requirements:

- (1) The settlement statement must be executed by the buyer and the seller.
- (2) If a title insurance premium is to be disbursed, the title insurer and the title insurance agent or title insurance agency, if any, must be disclosed.
- (3) A copy of the executed settlement statement must be delivered to the buyer and the seller.
- Section 72. Section 717.1121, Florida Statutes, is created to read:

717.1121 Payments from escrow related to real estate transactions.—All funds held as part of a real estate transaction, including any outstanding payments for amounts to be paid as listed on the settlement statement form by any title insurance agency, title insurer, savings and loan association, bank, trust company, or other financial institution, attorney firm, real estate broker, or similar institution, are considered unclaimed if the owner of those funds has not claimed the money within 2 years after the closing performed under the real estate transaction.

- Section 73. Subsection (1) and paragraph (d) of subsection (2) of section 877.101, Florida Statutes, are amended to read:
 877.101 Escrow business by unauthorized persons; use of name.—
 - (1) Except as provided in subsection (2), in connection

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with the purchase and sale of real property, a person may not:

- (a) Transact business under any name or title that contains the word "escrow" or words of similar import; or
- (b)1. Use any name, word, sign, symbol, or device in any context or in any manner; or
- 2. Circulate or use any letterhead, billhead, circular, paper, or writing of any kind or otherwise advertise or represent in any manner

that indicates or reasonably implies that the business being conducted or advertised is the kind or character of business transacted that is regulated by this state as an escrow agent:

or

- (c) Engage in business as an escrow agent as to funds received from others to be subsequently disbursed in connection with real estate closing transactions.
 - (2) This section does not apply to:
- (d) A title insurance agent who is licensed pursuant to s. 6431 637.3006 626.8417, a title insurance agency that is licensed pursuant to s. 637.3007 626.8418, or a title insurer who is authorized to transact business in this state pursuant to s. 637.2001 624.401.
- Section 74. Section 624.5015, Florida Statutes, is amended to read:
- 6437 624.5015 Advance collection of fees and taxes; title 6438 insurers not to pay without reimbursement.—
- 6439 (1) The department or the office shall collect in advance 6440 from the applicant or licensee fees and taxes as provided in s.

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(2) A title insurer shall not pay directly or indirectly without reimbursement from a title insurance agent any appointment fee required under this section. The failure of a title insurance agent to make reimbursement is not a ground for cancellation of the title insurance agent's appointment by the title insurer.

Section 75. Subsections (7), (8), and (9) of section 626.241, Florida Statutes, are amended to read:

626.241 Scope of examination.

- (7) Examinations given applicants for licensure as title agents must cover title insurance, abstracting, title searches, examination of title, closing procedures, and escrow handling.
- (7) An examination for licensure as a personal lines agent shall consist of 100 questions and shall be limited in scope to the kinds of business transacted under such license.
- (8) (9) This section applies to any person who submits an application for license and to any person who submits an application for examination prior to filing an application for license.
- Section 76. Subsection (5) of section 626.331, Florida Statutes, is amended to read:
 - 626.331 Number of appointments permitted or required.-
- (5) A title agent or title agency license must be limited to selling title insurance only for the appointing title insurer or insurers.
- Section 77. Paragraph (a) of subsection (5) of section 197.502, Florida Statutes, is amended to read:

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197.502 Application for obtaining tax deed by holder of tax sale certificate; fees.—

- (5)(a) The tax collector may contract with a title company or an abstract company at a reasonable fee to provide the minimum information required in subsection (4), consistent with rules adopted by the department. If additional information is required, the tax collector must make a written request to the title or abstract company stating the additional requirements. The tax collector may select any title or abstract company, regardless of its location, as long as the fee is reasonable, the minimum information is submitted, and the title or abstract company is authorized to do business in this state. The tax collector may advertise and accept bids for the title or abstract company if he or she considers it appropriate to do so.
- 1. The ownership and encumbrance report must be printed or typed on stationery or other paper showing a letterhead of the person, firm, or company that makes the search, and the signature of the person who makes the search or of an officer of the firm must be attached. The tax collector is not liable for payment to the firm unless these requirements are met.
- 2. The tax collector may not accept or pay for any title search or abstract if no financial responsibility is assumed for the search. However, reasonable restrictions as to the liability or responsibility of the title or abstract company are acceptable. Notwithstanding s. $\underline{637.2071(3)}$ $\underline{627.7843(3)}$, the tax collector may contract for higher maximum liability limits.
- 3. In order to establish uniform prices for ownership and encumbrance reports within the county, the tax collector shall

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ensure that the contract for ownership and encumbrance reports include all requests for title searches or abstracts for a given period of time.

Section 78. Paragraph (d) of subsection (27) of section 624.501, Florida Statutes, is amended to read:

624.501 Filing, license, appointment, and miscellaneous fees.—The department, commission, or office, as appropriate, shall collect in advance, and persons so served shall pay to it in advance, fees, licenses, and miscellaneous charges as follows:

- (27) Title insurance agents:
- (d) Additional appointment continuation fee as prescribed by s. $637.3015 \frac{626.843}{}$ \$5.00

Section 79. Section 624.604, Florida Statutes, is amended to read:

is insurance on real or personal property of every kind and of every interest therein, whether on land, water, or in the air, against loss or damage from any and all hazard or cause, and against loss consequential upon such loss or damage, other than noncontractual legal liability for any such loss or damage. Property insurance may contain a provision for accidental death or injury as part of a multiple peril homeowner's policy. Such insurance, which is incidental to the property insurance, is not subject to the provisions of this code applicable to life or health insurance. Property insurance does not include title insurance, as defined in s. 637.1004 624.608.

Section 80. Paragraph (r) of subsection (1) of section Page 233 of 238

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624.605, Florida Statutes, is amended to read:

624.605 "Casualty insurance" defined.—

- (1) "Casualty insurance" includes:
- (r) Insurance for debt cancellation products.—Insurance that a creditor may purchase against the risk of financial loss from the use of debt cancellation products with consumer loans or leases or retail installment contracts. Insurance for debt cancellation products is not liability insurance but shall be considered credit insurance only for the purposes of s. 631.52(4).
- 1. For purposes of this paragraph, the term "debt cancellation products" means loan, lease, or retail installment contract terms, or modifications to loan, lease, or retail installment contracts, under which a creditor agrees to cancel or suspend all or part of a customer's obligation to make payments upon the occurrence of specified events and includes, but is not limited to, debt cancellation contracts, debt suspension agreements, and guaranteed asset protection contracts. However, the term "debt cancellation products" does not include title insurance as defined in s. 637.1004 624.608.
- 2. Debt cancellation products may be offered by financial institutions, as defined in s. 655.005(1)(h), insured depository institutions as defined in 12 U.S.C. s. 1813(c), and subsidiaries of such institutions, as provided in the financial institutions codes; by sellers as defined in s. 721.05, or by the parents, subsidiaries, or affiliated entities of sellers, in connection with the sale of timeshare interests; or by other business entities as may be specifically authorized by law, and

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such products shall not constitute insurance for purposes of the Florida Insurance Code.

Section 81. Subsection (4) of section 625.031, Florida Statutes, is amended to read:

- 625.031 Assets not allowed.—In addition to assets impliedly excluded by the provisions of s. 625.012, the following expressly shall not be allowed as assets in any determination of the financial condition of an insurer:
- (4) Furniture, fixtures, furnishings, safes, vehicles, libraries, stationery, literature, and supplies, other than data processing and accounting systems authorized under s. 625.012(11), except in the case of title insurers such materials and plants as the insurer is expressly authorized to invest in under s. 637.20073 625.330 and except, in the case of any insurer, such personal property as the insurer is permitted to hold pursuant to part II of this chapter, or which is acquired through foreclosure of chattel mortgages acquired pursuant to s. 625.329, or which is reasonably necessary for the maintenance and operation of real estate lawfully acquired and held by the insurer other than real estate used by it for home office, branch office, and similar purposes.

Section 82. Section 626.207, Florida Statutes, is amended to read:

- 626.207 Department rulemaking authority; waiting periods for applicants; penalties against licensees.—
- (1) The department shall adopt rules establishing specific waiting periods for applicants to become eligible for licensure following denial, suspension, or revocation pursuant to s.

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626.611, s. 626.621, s. 637.3017 626.8437, s. 637.3018 626.844, s. 626.935, s. 634.181, s. 634.191, s. 634.320, s. 634.321, s. 634.422, s. 634.423, s. 642.041, or s. 642.043. The purpose of the waiting periods is to provide sufficient time to demonstrate reformation of character and rehabilitation. The waiting periods shall vary based on the type of conduct and the length of time since the conduct occurred and shall also be based on the probability that the propensity to commit illegal conduct has been overcome. The waiting periods may be adjusted based on aggravating and mitigating factors established by rule and consistent with this purpose.
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(2) The department shall adopt rules establishing specific penalties against licensees for violations of s. 626.611, s. 626.621, s. 637.3017 626.8437, s. 637.3018 626.844, s. 626.935, s. 634.181, s. 634.191, s. 634.320, s. 634.321, s. 634.422, s. 634.423, s. 642.041, or s. 642.043. The purpose of the revocation or suspension is to provide a sufficient penalty to deter future violations of the Florida Insurance Code. The imposition of a revocation or the length of suspension shall be based on the type of conduct and the probability that the propensity to commit further illegal conduct has been overcome at the time of eligibility for relicensure. The revocation or the length of suspension may be adjusted based on aggravating or mitigating factors, established by rule and consistent with this purpose.

Section 83. Paragraph (t) of subsection (1) of section 655.005, Florida Statutes, is amended to read:

655.005 Definitions.

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- (1) As used in the financial institutions codes, unless the context otherwise requires, the term:
- (t) "Debt cancellation products" means loan, lease, or retail installment contract terms, or modifications or addenda to loan, lease, or retail installment contracts, under which a creditor agrees to cancel or suspend all or part of a customer's obligation to make payments upon the occurrence of specified events and includes, but is not limited to, debt cancellation contracts, debt suspension agreements, and guaranteed asset protection contracts offered by financial institutions, insured depository institutions as defined in 12 U.S.C. s. 1813(c), and subsidiaries of such institutions. However, the term "debt cancellation products" does not include title insurance as defined in s. 637.1004 624.608.

Section 84. Paragraph (d) of subsection (6) of section 701.041, Florida Statutes, is amended to read:

701.041 Title insurer; mortgage release certificate.-

- (6) LIABILITY OF TITLE INSURER AND TITLE INSURANCE AGENT.-
- (d) Liability of a title insurer pursuant to this section shall be considered to be a title insurance claim on real property in this state pursuant to s. $\underline{637.2075}$ $\underline{627.7865}$.

Section 85. Paragraph (d) of subsection (14) of section 721.05, Florida Statutes, is amended to read:

- 721.05 Definitions.—As used in this chapter, the term:
- (14) "Escrow agent" includes only:
- (d) A title insurance agent that is licensed pursuant to s. $\underline{637.3006}$ $\underline{626.8417}$, a title insurance agency that is licensed pursuant to s. $\underline{637.3007}$ $\underline{626.8418}$, or a title insurer authorized

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6637	to transact business in this state pursuant to s. $\underline{637.2001}$
6638	624.401 .
6639	Section 86. <u>Sections 624.608, 626.841, 626.8411, 626.9531,</u>
6640	627.7711, and 627.776, Florida Statutes, are repealed.
6641	Section 87 This act shall take effect October 1 2010

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CODING: Words stricken are deletions; words underlined are additions.

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